COVID-19 MINORITY HEALTH STRIKE FORCE

WELCOME

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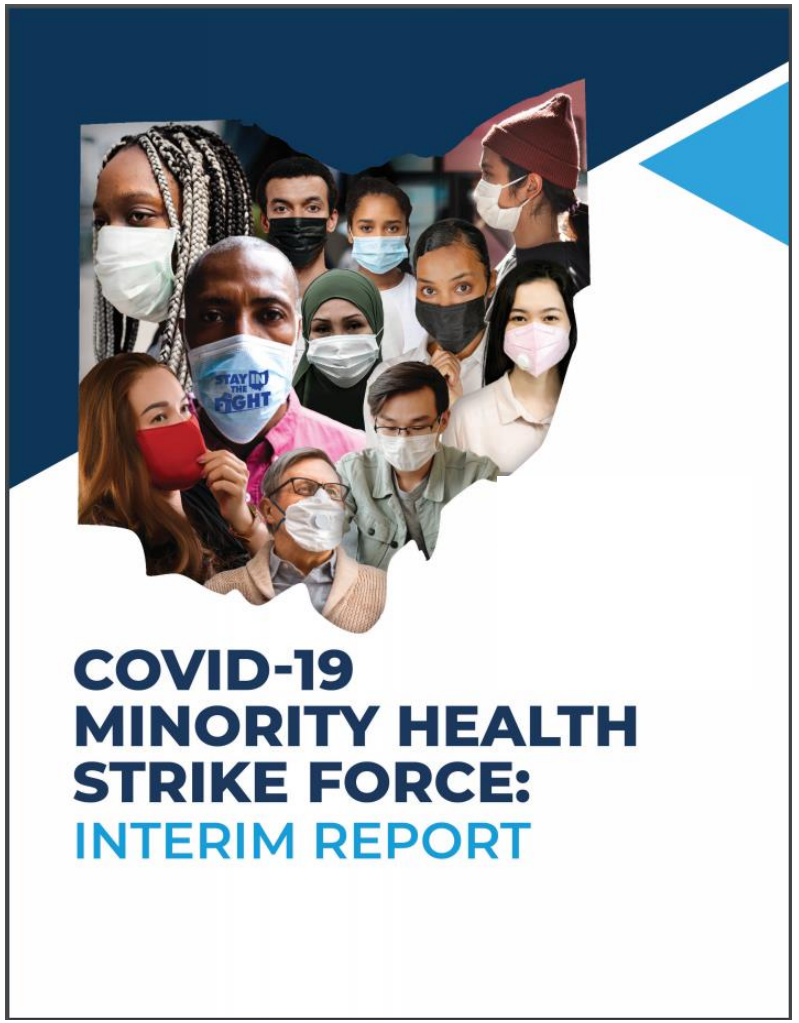
Community Relations Chair,
Minority Health Strike Force

COVID-19 MINORITY HEALTH STRIKE FORCE

WELCOME

COVID-19 MINORITY HEALTH STRIKE FORCE: INTERIM REPORT

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health policy institute
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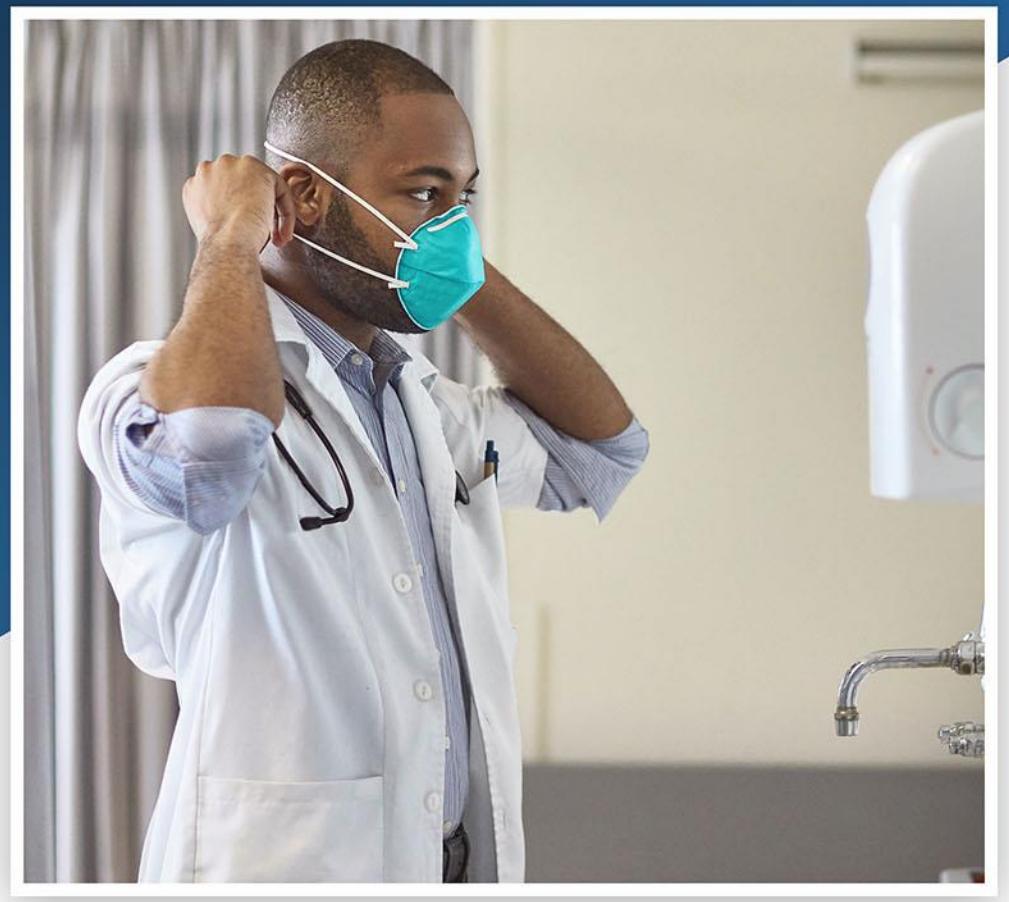
Lead. Inform. Improve.



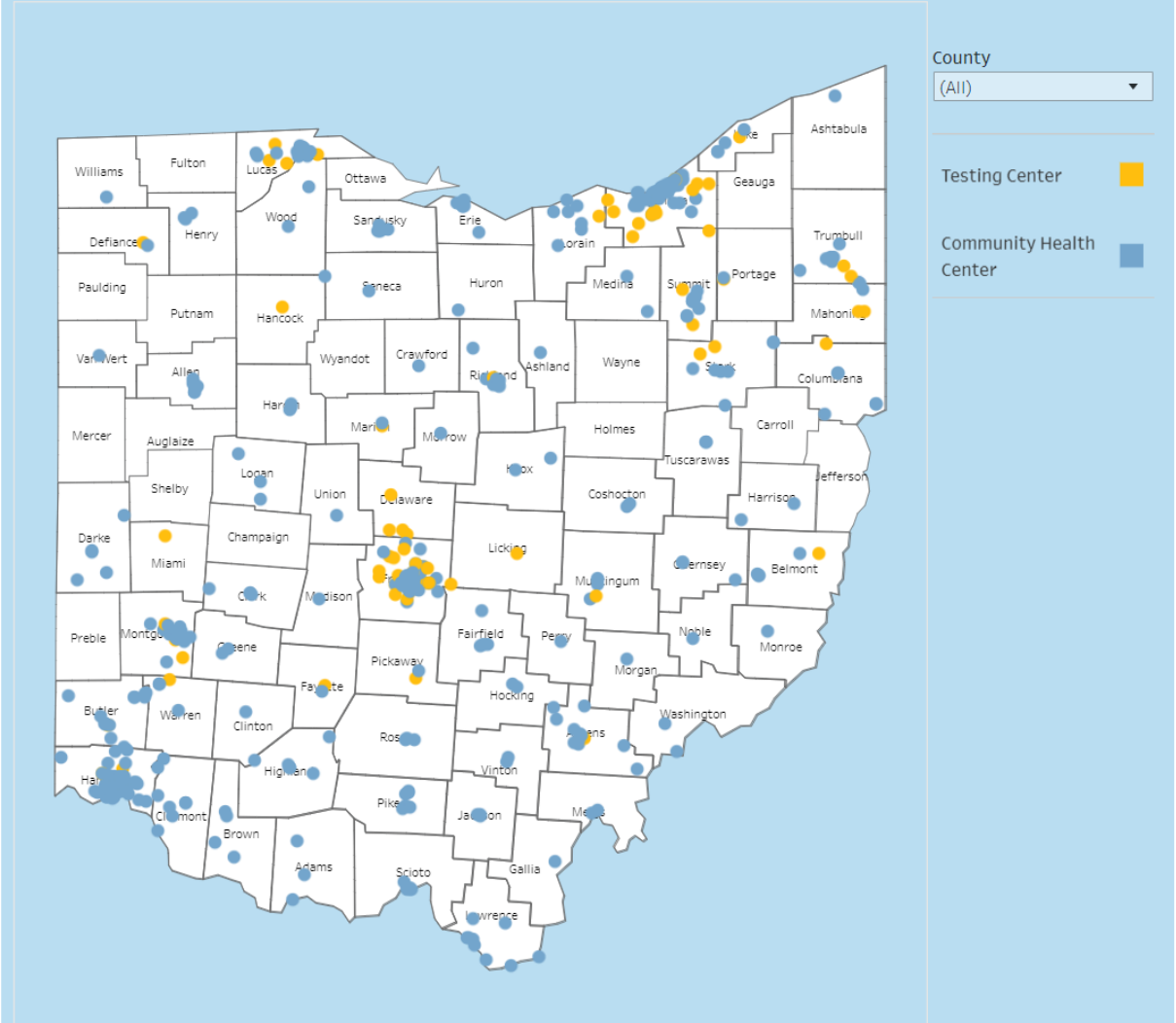
HEALTH CARE

RESOURCES

EDUCATION AND OUTREACH

DATA AND RESEARCH

Testing Locations Across Ohio




Pop-Up Testing Sites
CENTRAL OHIO
WANT TO GET TESTED FOR COVID-19?

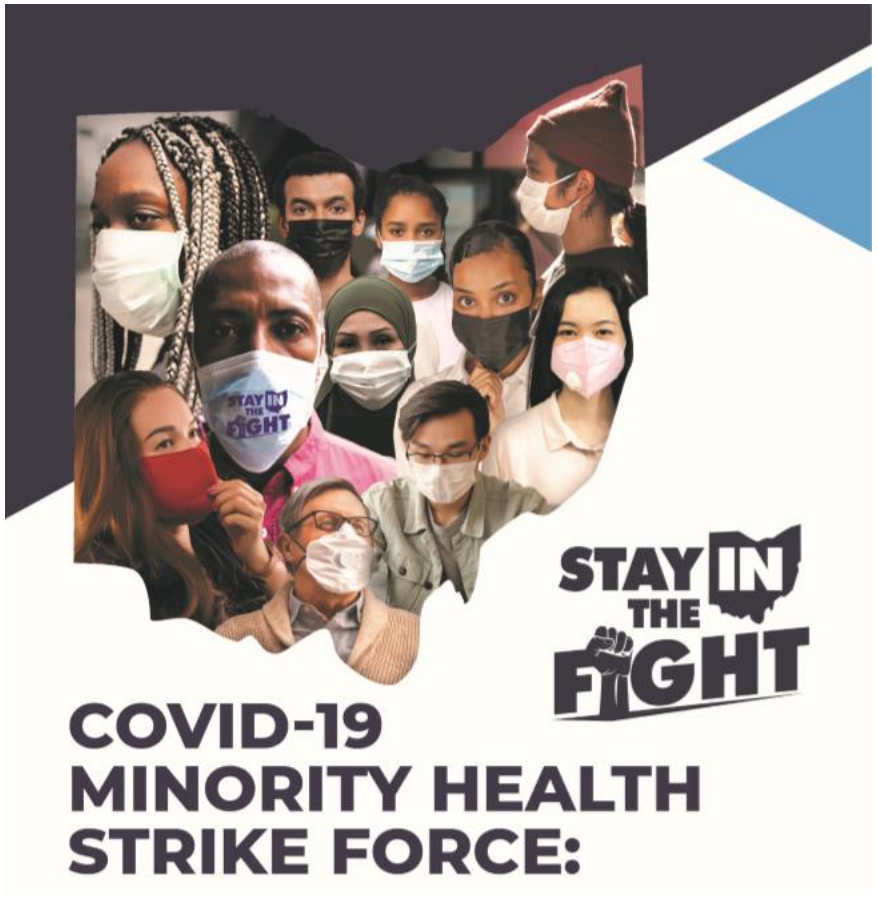
Eradicate Health Inequities and Systemic Racism in Ohio:

Recommendations to ensure all Ohioans lead healthy, productive lives.

SHERI CHANEY JONES, PRESIDENT

1480 MANNING PARKWAY, POWELL, OHIO 43065

JUNE 2020



Measurement Resources

Measurement moves missions

Recommendations are based on decades of experience working with government and non-profit organizations to use data to solve complex social problems, such eliminating racial inequities and improving social determinates of health.

Example of Previous Research/Projects

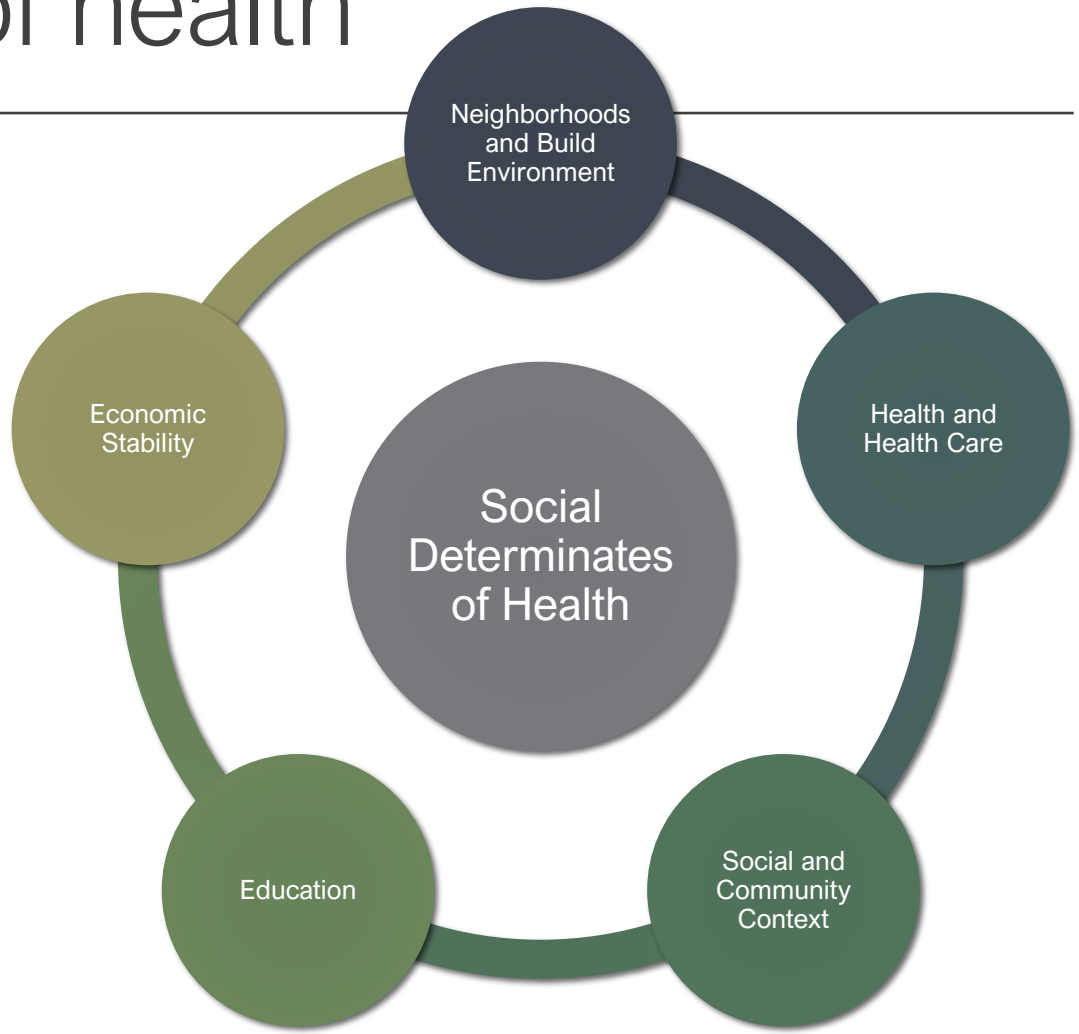
- Ohio Department of Health Maternal and Child Health Needs Assessment
- Evaluation of Ohio's Home Visiting Program
- Impact Measurement Framework for the Health Improvement Plan of Cuyahoga County
- Access to Primary Care Needs Assessment for Columbus
- Youth Homelessness Coordinated Community Plan in Franklin County
- Ohio Equity Institute Community Engagement Training and Technical Assistance
- Equitable Housing in Central Ohio: Redefining Affordability for All

1. Plan must include all systems addressing social determinates of health

Health inequities, including COVID-19, are a result of inequities found in all areas of social determinates of health.

Solutions Must Address:

- Culturally competent care/provider relations
- Access to care
- Jobs
- Education
- Transportation
- Safe & healthy neighborhoods



2. Interventions must be placed-based, flexible enough to address issues at the neighborhood level

Example: South Side of Columbus (Zip codes 43206 &4207)

- 43207 has one of the highest number of cases in the region and is in the mid-range for deaths.
- One in three (36%) of SS residents were employed in one of the two most disrupted industries.

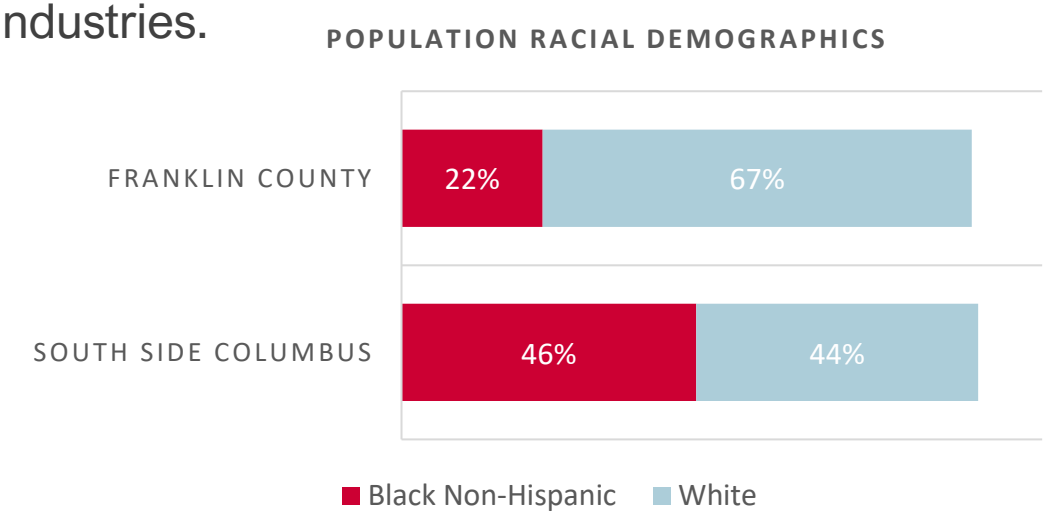
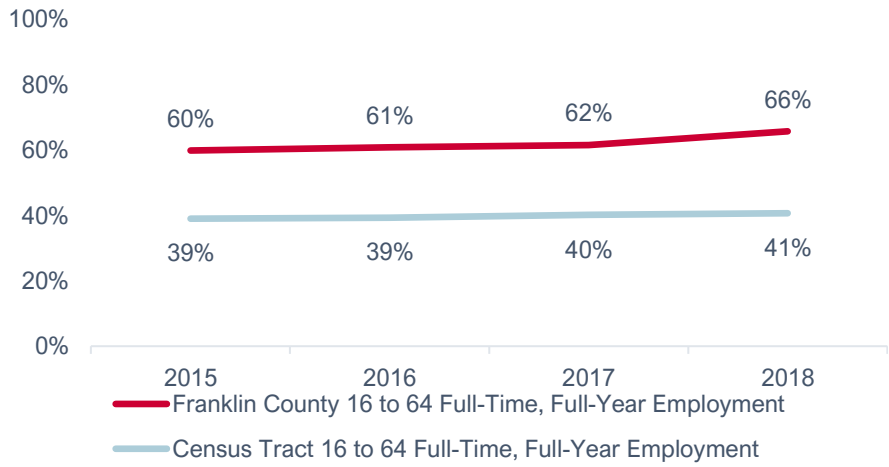


Figure 1. Employment Characteristics
ACS Table: S2303, 5-year estimates



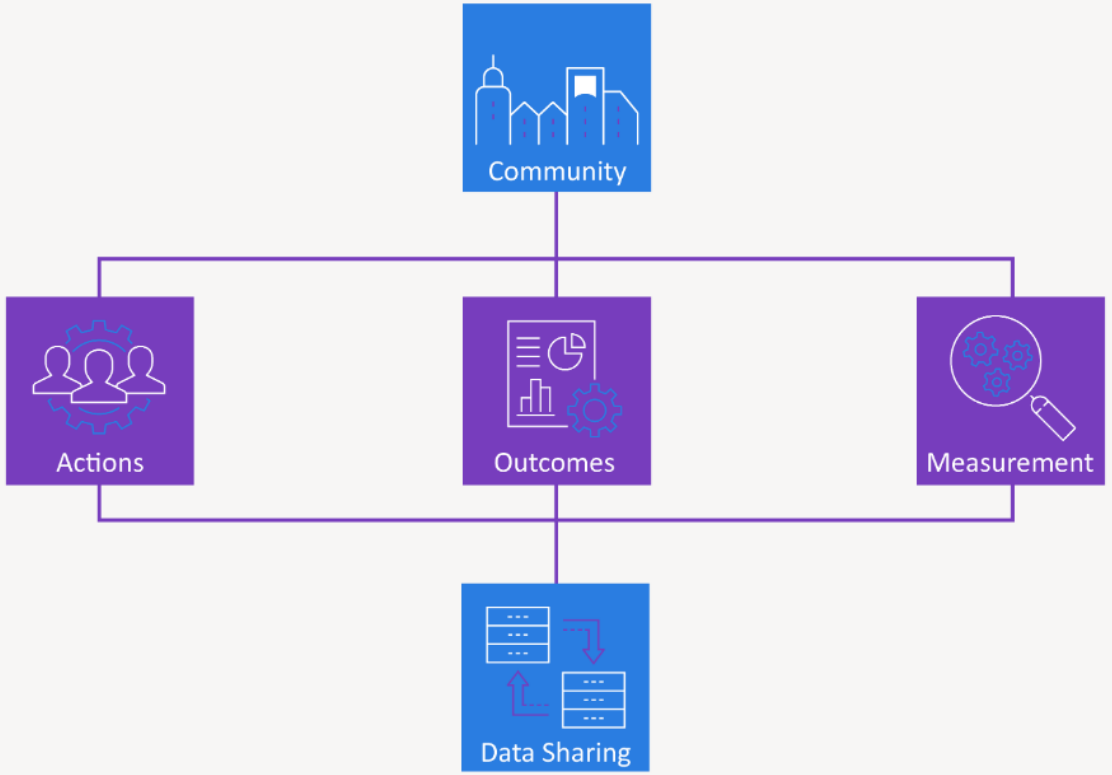
3. Fund efforts to meaningfully engage residents in policy and intervention design

- Recruit on the ground resident leaders
- Convene facilitated conversations
- Make residents essential to the planning process (pay non-professionals for their time)
- Streamline two-way communication for continuous improvement

4. Ensure racial lens in outcomes by increasing data-capacity of social services organizations

What we focus on grows!

- Data systems should align actions (outputs), quality metrics, and outcomes
- Provide incentives to programs for exceeding set targeted equity outcomes of social determinates of health



SureImpact

Thank You, Questions, & Follow Up

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- Sureimpact.com

Measurement Resources

Measurement moves missions

SureImpact

The Center for Community Solutions

We are a non-partisan, nonprofit that aims to improve health, social and economic conditions through nonpartisan research, policy analysis, communications and advocacy.

Hope A. Lane

Associate, Public Policy and External Affairs

hlane@communitysolutions.com

Our Priorities

Advancing Wellbeing of Older Adults

Enhancing Behavioral Health Access

Improving Maternal and Infant Health

Promoting Comprehensive Reproductive Health Education

Strengthening Health and Human Services Safety Net

Supporting Sound Medicaid Policy

THE CENTER FOR COMMUNITY SOLUTIONS EST.1913

RESEARCH • ANALYSIS • ACTION

www.communitysolutions.com

Twitter: @CommunitySols

Recommendations to Minority Health Strike Force

The Center for Community Solutions' recommendations fall into four categories

- Reduce disparities in health and life expectancy
  - Ensure access to health coverage through Medicaid
  - Support a robust process to remediate and abate lead contaminated homes
  - Require cultural competency training in medical school
- Social drivers of health
  - Utilize Medicaid re-procurement to tie metrics around social drivers of health to value-based payments
- Reduce infant and maternal mortality
  - Better tracking of maternal morbidity
  - Ensure diversity in membership of state-level health-related commissions, councils or the equivalent
  - Ohio should join the Alliance for Innovation on Maternal Health (AIM)
  - Support insurance reimbursement for birth-support professionals
  - Gain better understanding of disparities in c-section rates
- Criminal justice policy reform
  - Divert people with mental health and/or substance use disorder to treatment over incarceration
  - Require crisis intervention training for all emergency responders
  - Incorporate social workers into law enforcement agencies

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RESEARCH • ANALYSIS • ACTION

US TOGETHER

www.ustogether.us

Together we can make the world better

- US Together efforts to provide community education to New American populations
- Central Ohio community leaders survey results
- Strategic Communication Plan Pilot
- Recommendations
  - Languages Access
  - Reflect diversity of New American minority populations

US TOGETHER

COVID-19 IMPACT ON PEOPLE WITH DISABILITIES

Kerstin Sjoberg,
Executive Director

Disability Rights OHIO

We have the legal right of way.

Minority Health Strike Force Virtual Community Meeting

June 16, 2020

Disability

- Largest minority group in the U.S.
- Intersects with all historically disadvantaged and underrepresented racial and ethnic groups
- According to US Census (2010):
  - 22.2% of African Americans
  - 17.8% of Hispanics
  - 17.6% of non-Hispanic whites
  - 14.5% of Asians

Minorities with Disabilities

"By every measure, persons with disabilities disproportionately and inequitably experience morbidity and mortality associated with unmet health care needs in every sphere. Minorities with disabilities are doubly burdened by their minority status."

US Department of Health & Human Services Advisory Committee on Minority Health

Disability, Race, Ethnicity, and COVID

- In New York, one factor strongly correlated with nursing homes most impacted by COVID: percentage of people of color who live there
  - Not quality of care
  - Not staffing levels

"Any story of COVID-19 and long-term care should include race and ethnicity alongside disability. That also applies to the long-term care workforce. Direct care workers — who support people with disabilities to bathe, dress, and complete other basic activities of daily life — have been undervalued for decades. The pandemic's devastating impact on nursing homes, group homes, and other long-term care settings has both highlighted these inequities and made them worse."

National Health Law Program

See also OCALI's "Minority Health Strike Force – Data & Research Town Hall" presentation.

Minorities as Unpaid Family Caregivers

- Hispanic (non-White, non-African-American) and African-American caregivers experience higher burdens from caregiving and spend more time caregiving than their white or Asian-American peers. The percentage of “high burden” caregivers time by racial/ethnic groups:
  - African-American: 57%, 30 hours per week
  - Hispanic (non-White, non-African-American): 45%, 30 hours per week
  - White: 33%, 20 hours per week
  - Asian-American: 30%, 16 hours per week
- More than half of African-American caregivers are "sandwiched" between caring for an older person and a younger person (under age 18) or caring for more than one older person.
- African-American caregivers are more likely to reside with the care recipient and spend an average of 20.6 hours per week providing care. In addition, 66 percent of African-American caregivers are employed full or part-time.

Recommendations

- Follow best practices in data disaggregation – related not only to COVID (i.e., testing, treatment, cases, hospitalizations, fatalities), but also the "downstream" effects of COVID and long-term recovery:
  - Access to programs and services that promote social determinants of health (i.e., school lunch program, Head Start, etc.)
  - Access to education
  - Access to employment (unemployment, reemployment, and employment participation)

- Include minorities with disabilities in all efforts.
  - Community leaders
  - Community based-organizations

- Benchmark progress of most marginalized populations.
  - Health outcomes
  - Social outcomes

References

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- Machledt, David. (2020) Disability, Race, and Structural Inequity: COVID-19 and the Long-Term Care Workforce
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- PHI Issue Brief: Racial and Gender Disparities Within the Direct Care Workforce: Five Key Findings (2017)
- PolicyLink. (2018) Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health
- Robert Wood Johnson Foundation. (2020). Health Equity Principles for State and Local Leaders in Responding to, Reopening, and Recovering from COVID-19
- US Department of Health and Human Services Advisory Committee on Minority Health. Assuring Health Equity for Minority Persons with Disabilities: A Statement of Principles and Recommendations (2011)

Minority Health Strike Force

Our Mission:

To champion high-quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families and communities

Our Vision:

To make Ohio the best place to be a young child so that all children have the opportunity to reach their full potential.

Groundwork OHIO

OUR POLICY PRIORITIES

Healthy Development

Children who are born healthy, grow and develop in healthy environments, and have access to quality healthcare services have better physical, emotional, and mental health throughout their lives.

Quality Early Learning

The early years of development lay the foundation for all learning that happens later in life. When children have access to high-quality learning experiences in the earliest years, they have better long-term health, education, and economic outcomes.

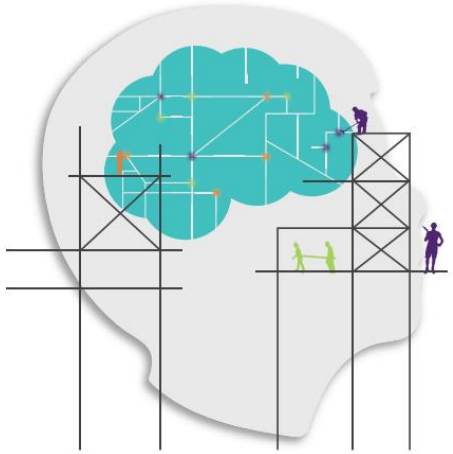
Empowered Families

Families are the first and most important teachers and caregivers. A family's economic and environment stability plays a critical role in a child's early development. When families have the resources and support to provide adequate care and enrichment during the earliest years, children can grow and thrive.

Groundwork OHIO

Understand Early Development

Brains are built, NOT BORN.

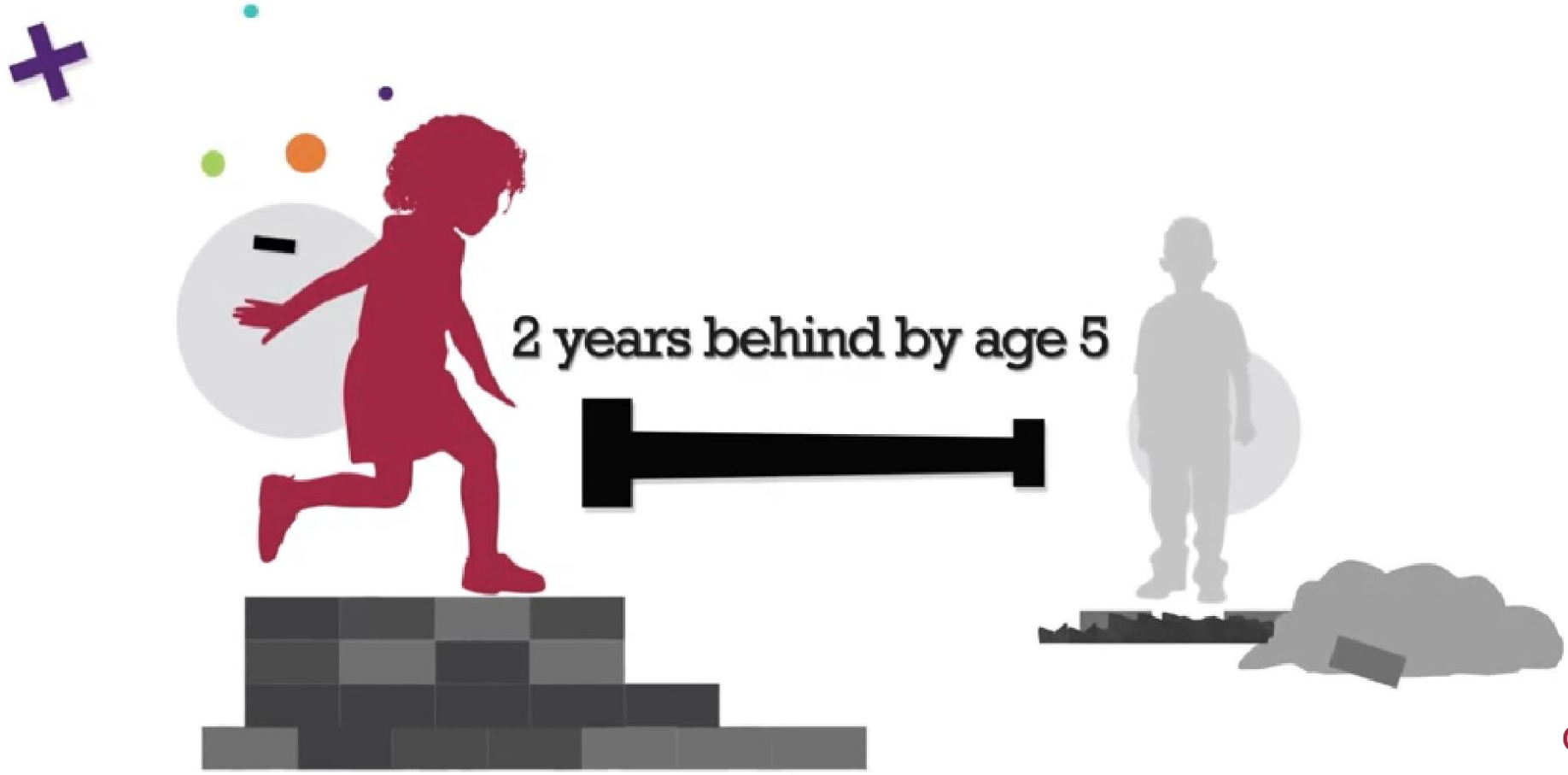


90% of brain development happens between 0-5 years old.

Without quality care in the early years, brain architecture doesn't form as expected and gaps emerge.

Groundwork OHIO

Recognize Gaps Emerge Early



Groundwork OHIO

Kids who start behind
often stay behind.

When a child enters kindergarten ready for school, there is

an 82% chance

they will master basic skills by age 11,

vs.

a 45% chance

for children who are not school-ready.

OHIO IS FACING A WORKFORCE CRISIS:

THE PROBLEM:

ONLY **41%** of KIDS come to kindergarten **READY TO LEARN.**

THE RESULT:

ONLY **44%** of OHIO'S WORKFORCE has a degree or credential **FOR AVAILABLE JOBS.**

THE GOAL:

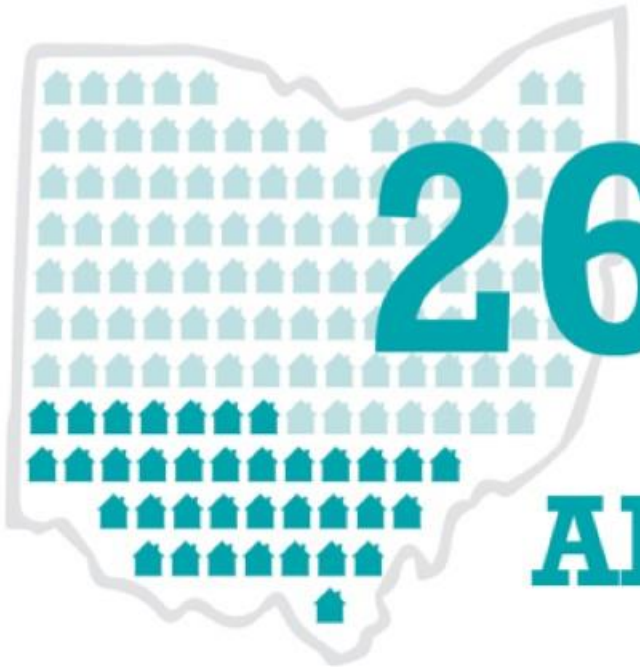
Give all Ohioans the opportunity to

SUCCEED

by **following the evidence** for success in the **EARLIEST YEARS.**

Poverty is a persistent factor in kids' learning and development.

Poverty of Young Children in Ohio



26.4% OF

OHIO CHILDREN AGES 0-5

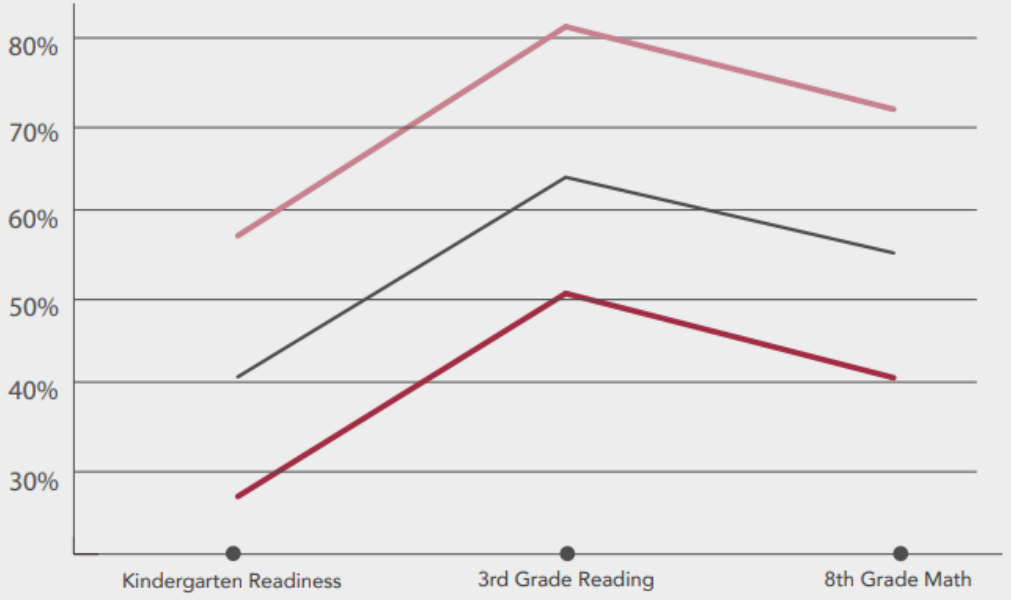
ARE LIVING IN POVERTY

Groundwork OHIO

Table 1

% Students Performing at Grade-Level by
Economic Status

	Kindergarten Readiness	3rd Grade Reading	8th Grade Math
Non-Disadvantaged	57%	81.3%	71.7%
Disadvantaged	26.7%	50.3%	40.5%
STATE TOTAL	**40.6%**	**63.8%**	**55%**



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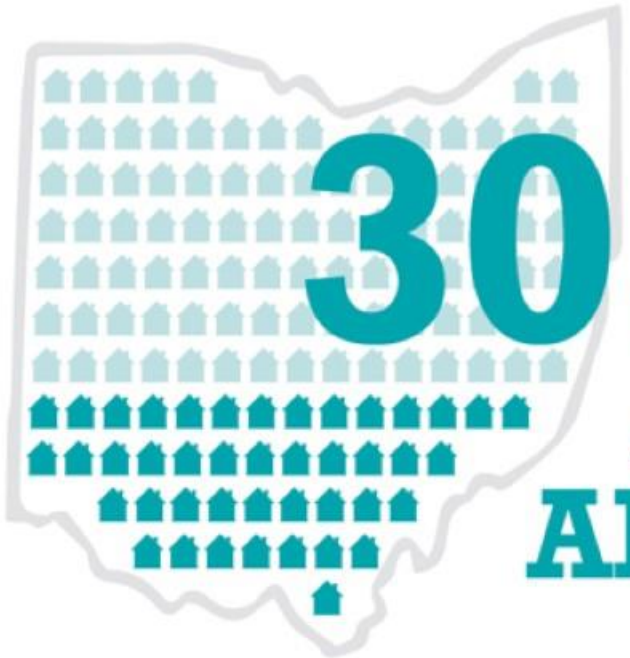


30.3% OF CHILDREN

AGE 0-5 IN THE APPALACHIAN REGION

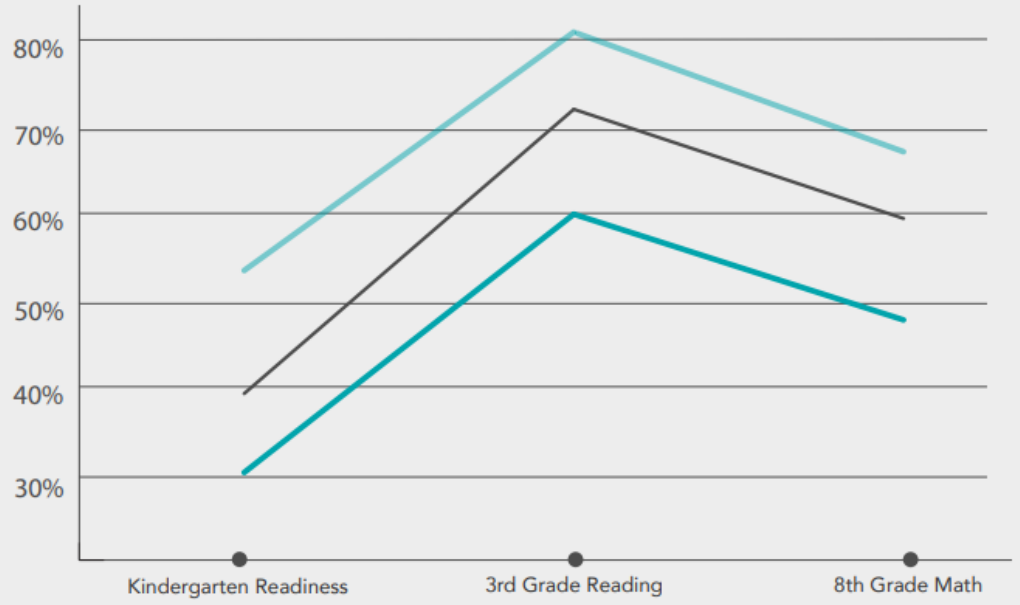
ARE LIVING IN POVERTY

Groundwork OHIO

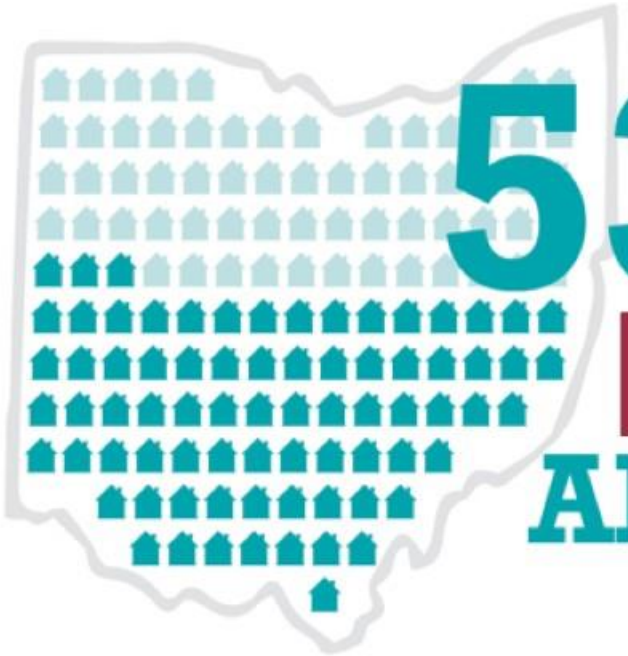
Table 2

*% Students in the **Appalachian Region** Performing at Grade-Level by Economic Status*

	Kindergarten Readiness	3rd Grade Reading	8th Grade Math
Non-Disadvantaged	53.4%	80.9%	67.1%
Disadvantaged	30.1%	59.9%	47.%
REGION TOTAL	**39.2%**	**72%**	**59.4%**



Poverty of Young Children in Ohio



53.9% OF

BLACK CHILDREN AGES 0-5

ARE LIVING IN POVERTY

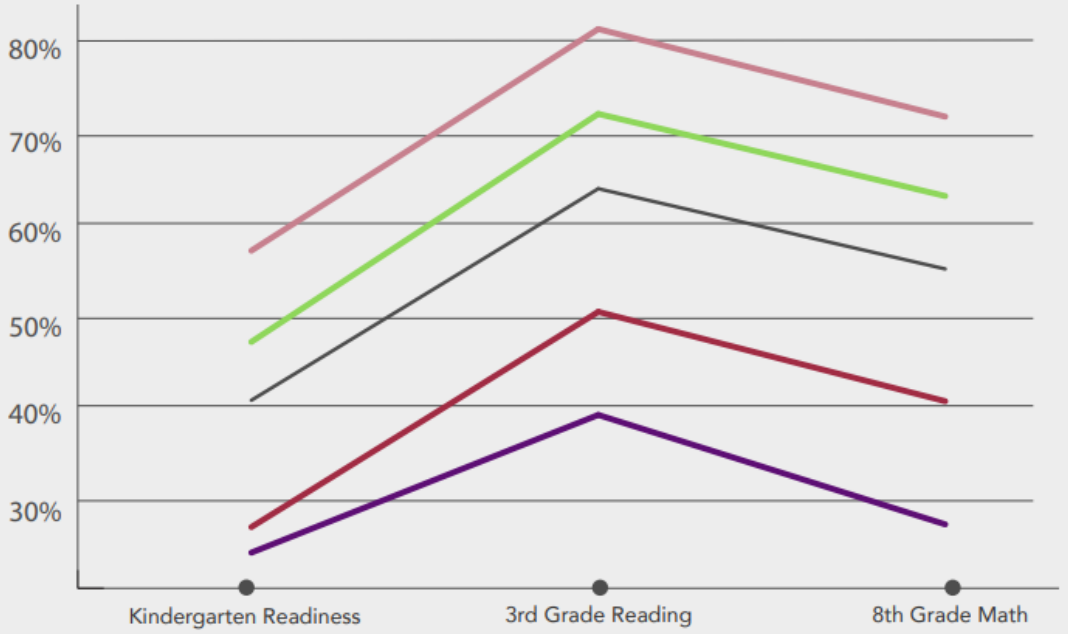
Groundwork OHIO

Table 3

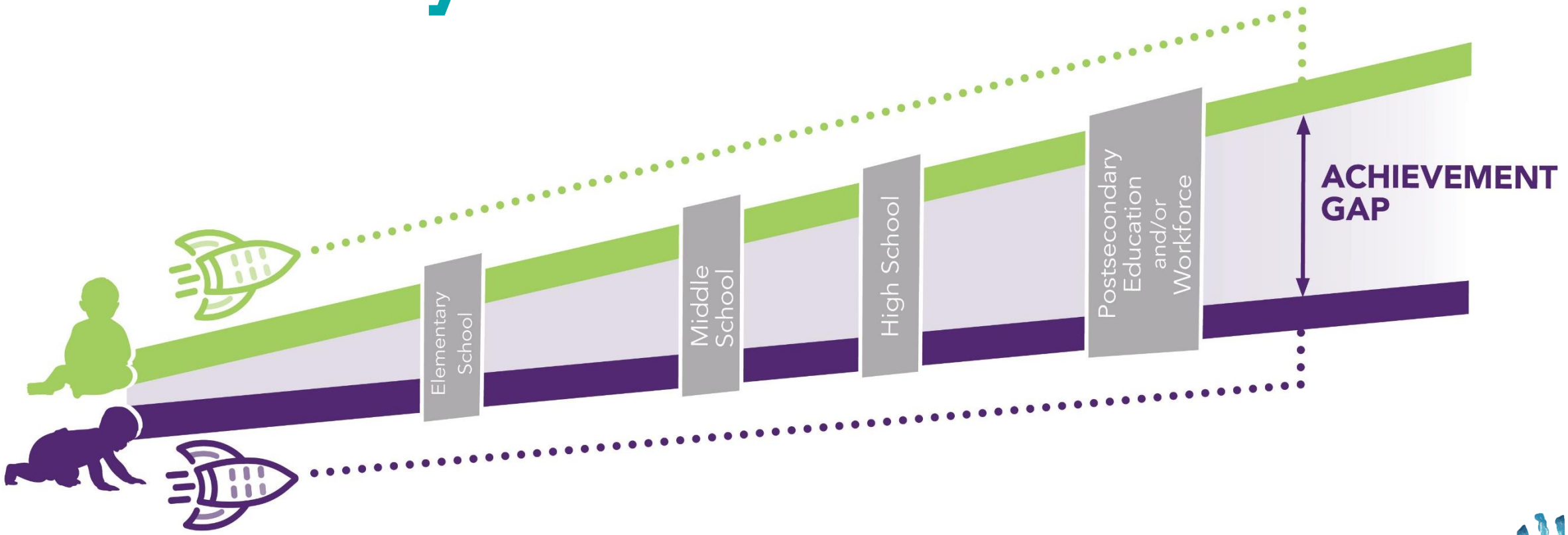
% Students Performing at Grade-Level by

Race and Economic Status

	Kindergarten Readiness	3rd Grade Reading	8th Grade Math
Black	23.9%	39%	27%
White	47%	72%	63%
Non-Disadvantaged	57%	81.3%	71.7%
Disadvantaged	26.7%	50.3%	40.5%
STATE TOTAL	**40.6%**	**63.8%**	**55%**



Children who start behind, often stay behind.



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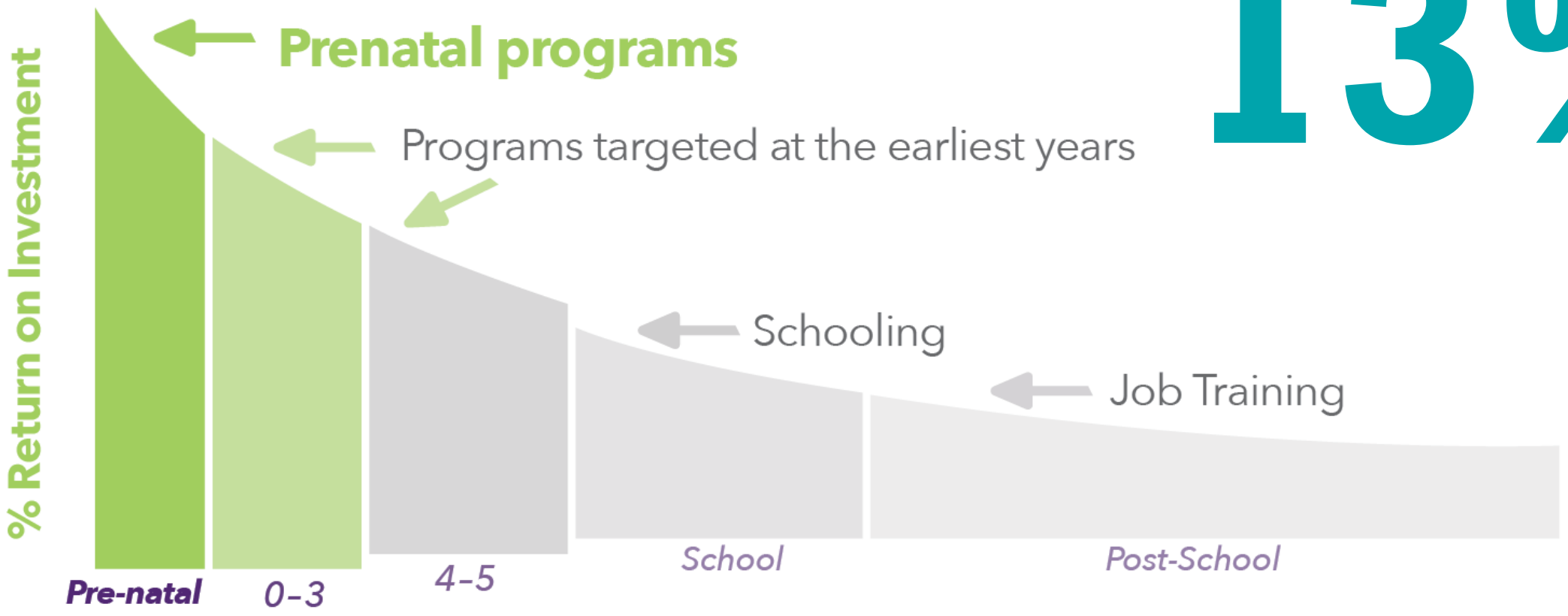
Children who start behind, often stay behind.

- The rate of maternal mortality for white women is 11.5 for every 100,000 births and 29.5 for black women, more than double that of white women. More than half of Ohio's maternal deaths are preventable;
- Black babies are more than 2.5 times more likely to die before their first birthday compared to white babies;
- Black children ages 0-5 are nearly three times more likely to live in poverty than white children;
- Black children are much more likely than their white peers to be accessing publicly funded child care, but are less likely to be in a high-quality program;
- Only 24% of black children show up to kindergarten ready to learn compared to 47% of white children;
- Black kindergartners are 7 times more likely to be suspended or expelled than white kindergarteners—and that gap increases to about 9.5 times more likely by 2nd grade;
- Black children are far more likely to have adverse childhood experiences (ACEs)—61% of black children have had at least one ACE compared to 40% of white children.

Groundwork OHIO

Investments in the earliest years offer a RETURN ON INVESTMENT upward of

13%



Early Investments Last a Lifetime

When investments are made in high-quality early childhood interventions children are …

MORE LIKELY TO

- Be kindergarten ready.
- Graduate high school.
- Have higher earnings and better health.

LESS LIKELY TO

- Be held back a grade.
- Be reliant on public assistance.
- Engage in criminal behavior.

Our greatest opportunity to close the achievement gap is before a child enters kindergarten


Maximizing our impact with limited resources


Groundwork
OHIO
THANK YOU!
To learn more, visit
www.GroundworkOhio.org
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Covid-19 Rapid Response by Global Cleveland

1. Create a language bank for translation of Governor DeWine's messages that went from five languages to 25 in three weeks
2. Expanded translation to economic recovery programs at the city, county and national levels, particularly those programs which help newcomer businesses such as restaurants and small business owners.
3. Attempted to support ESL speakers in applying for unemployment-lack of sufficient infrastructure to outreach ESL communities and support their right to access unemployment benefits.
4. Supported city and county officials in targeted linguistic outreach to covid positive newcomer communities
5. Holding community meetings for newcomer communities such as the Congolese and Nepali on video calls to respect safety conce5rns and still ensure communities are informed.
6. Working with a set of over 50 translators/interpreters/community representatives to quickly disseminate information county wide
7. Engaging our community development organizations and suburban leadership with high newcomer populations to support their communication with residents.

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Immediate action to reduce COVID-19 infection of minorities who vote in person in the fall 2020 Presidential election

Norman Robbins, MD, Emeritus Professor, CWRU School of Medicine,
formerly Research Director, NE Ohio Voter Advocates
Contact: nxr@case.edu, 440-836-2624

We know:

- There are about 1 million African Americans of voting age in Ohio
- African Americans are more susceptible to infection and suffer more clinical impacts of COVID-19 (e.g. death, ICU & hospitalization) compared to others
- African Americans prefer to vote in-person than by mail. Therefore, the safety of polling locations becomes a major issue for African Americans.
- For fear of contracting COVID-19, poll worker recruitment is difficult and drop-out is common, leading to closure of poll locations, overcrowding, long waiting times, and conditions conducive to infection

1. Develop a best practices plan ASAP to minimize risk of COVID-19 infection at polling locations

- ODH and/or Ohio Secretary of State should convene a multidisciplinary team of election officials, public health and infectious disease experts, poll workers and voter reform group representatives to design a detailed plan for protecting poll workers and in-person voters in all 88 counties. Members should investigate best practices elsewhere, such as So. Korea, where in-person voting occurred with no increase in COVID-19 infection.
- Plan would go beyond usual protective equipment and social distancing to include many items not covered in the sparse CDC recommendations: e.g. adequate air exchange, limiting number of bathroom visitors, wearing masks (N95 for poll workers), entry health screening, plexiglass protection especially for longer contacts (e.g. to explain and check provisional ballots)
- Plan to be completed early July to allow time for investigation of polling location facilities, procurement of equipment, and recruitment of poll workers by emphasizing the thoroughness of their protection
- ODH, Sec. of State, Governor and Ohio Association of Election Officials should press Ohio's U.S. Senators and President Trump to sign the $3.6 billion federal funding of election administration, which will include COVID-19 preventive measures.

Public educational outreach to minority communities to promote voting by mail (VBM) – which will reduce in-person crowding

- NOVA (NE Ohio Voter Advocates) research (Nova-ohio.org/research) has shown that when the many advantages* of VBM are explained, a majority of minority members sign up, and voter turnout increases
- Advantages* include plenty of time to decide on voting choices, no time off needed from work or childcare necessary, no transportation problems, no waiting on lines
- Action: with statewide meetings, community outreach personnel at Boards of Election will jointly develop message and communicate it by multiple media (radio, TV, social media, include message on postcard Sec. of State will be sending to all registered voters)
- Funding: federal, as on previous slide

Ohio Lead Free Kids Coalition

Ohio Minority Health Strike Force

June 16, 2020

OLFKC Co-Chairs:
Patricia Barnes, Ohio Healthy Homes Network Director,
patricia.barnes@ohhn.org

Gabriella Celeste, Schubert Center for Child Studies Policy Director at
mgc36@case.edu

Lead is a Silent Poison.
There is no safe level of lead in the blood and it can lead to lifelong harm for children.

Lead poisoning can cause anemia and impaired brain, nervous system, gastrointestinal and kidney functions.

Young Children (especially vulnerable) poisoned*

- Reduced verbal skills
- Increased reading disabilities

* Effects of lead in utero include: LBW, premature, brain damage & stillbirth

Older Child struggles…

- Ability to learn from prior experience limited by early cognitive & emotional delays
- Controlling impulsive behaviors
- Delaying gratification
- May experience in and out of school suspensions

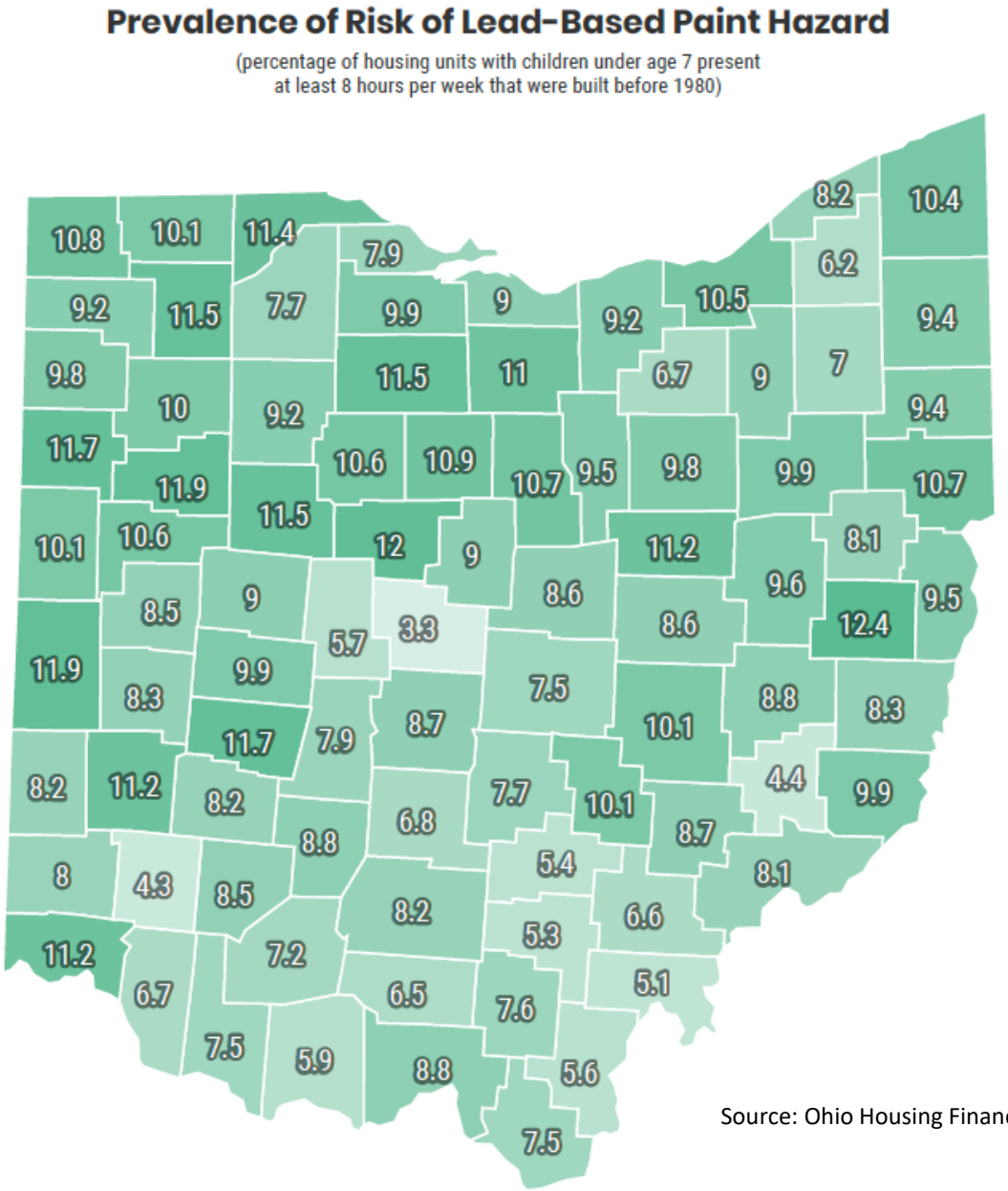
Teen more likely to experience:

- Aggressive behavior
- Become court involved with delinquency
- Unplanned pregnancy
- School disengagement – may be 7x more likely to drop out (ODH CLP in OH 2019)

OHIO LEAD FREE KIDS COALITION

Ohio Housing Pre-1980 Housing Stock

More than **2/3 of Ohio homes may contain lead-based paint**, including **9.3% with young children present** (425,235 homes).



Source: Ohio Housing Finance Agency

OHIO LEAD FREE KIDS COALITION

African-American and low-income children at highest risk of lead exposure

A Kirwan Institute report on targeted testing for childhood lead poisoning found that the highest rates of reported child lead poisoning in Ohio tend to be found in communities that are predominantly African-American and low-income.

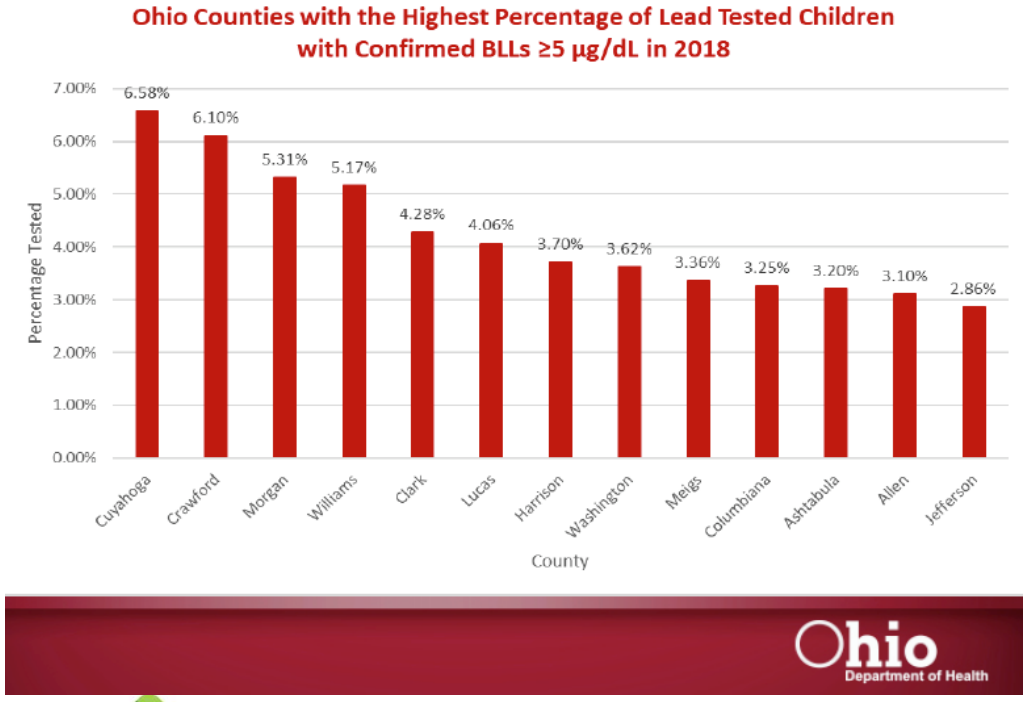
A CWRU study found **1 in 4 children entering kindergarten in Cleveland have a history of lead poisoning.**

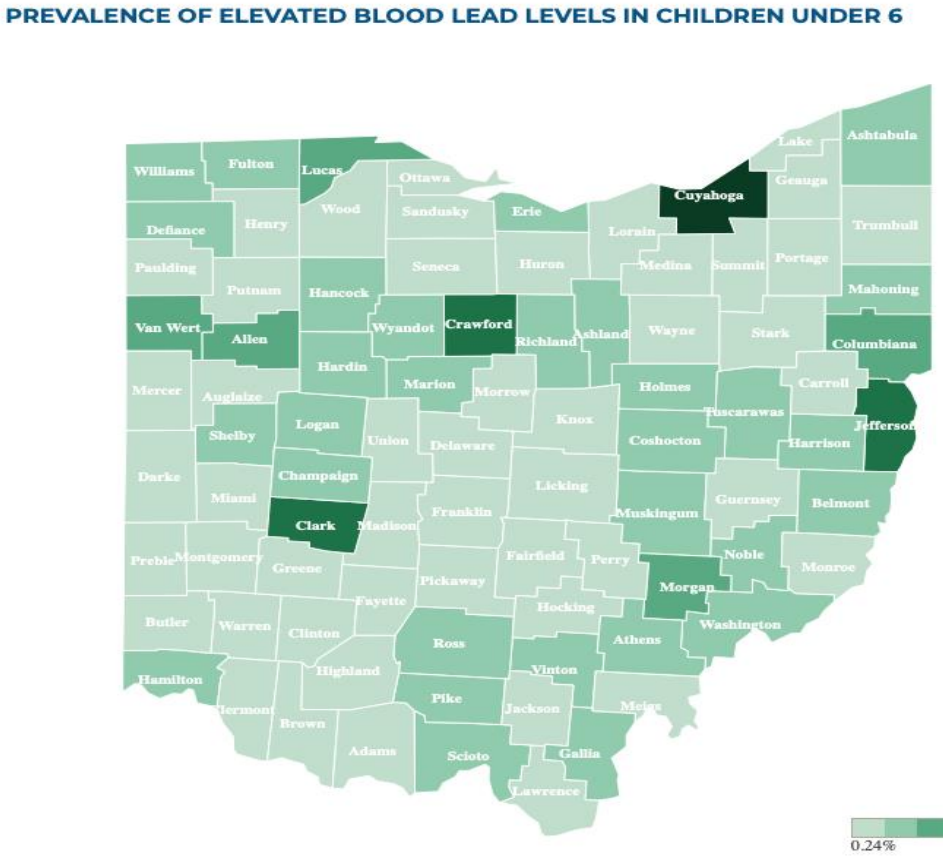
OHIO LEAD FREE KIDS COALITION

Fischer, R., Steh, S., Chan, T . "Early Childhood Lead Exposure among Cleveland Kindergarteners by Neighborhood and School Enrollment." (Jan. 2019). https://dailymedia.case.edu/wp-content/uploads/2019/01/07095808/Lead-Report-CMSD.pdf

Lead Poisoning impacts Children Across Ohio but Children in Cities with Older Housing Most Burdened

In 2019, the Ohio Department of Health (ODH) reports **3,533 children with confirmed EBLL of ≥ 5 µg/dL** (3,856 in 2018).





OHIO LEAD FREE KIDS COALITION

Lead Prevelance Data Incomplete Due to Limited Testing

All children enrolled in Medicaid are required to have blood lead testing at 1 and 2 years of age

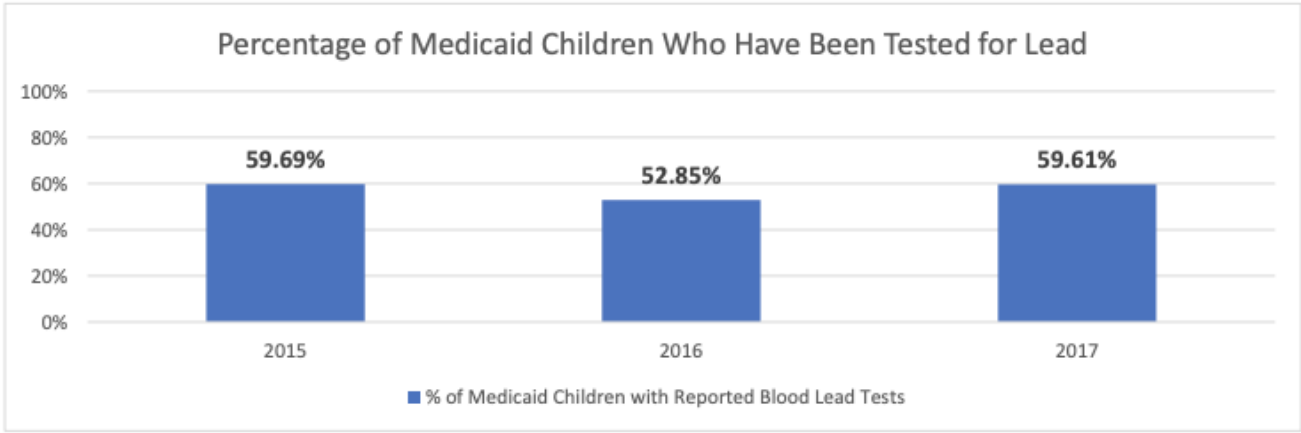
Under 60% of Medicaid Children Tested for Lead

Ohio | Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen Corcoran, Director

Lead Testing and Hazard Control



All children enrolled in Medicaid are required to receive blood lead screening tests at ages 12 months and 24 months.

OHIO LEAD FREE KIDS COALITION

Key Elements of the Preventative Action Plan

- Prioritizes **primary prevention** through **removal of lead based paint hazards** in pre-1978 housing in areas of greatest risk
- Identifies need for **new funding streams** for lead hazard control, including public-private models, and alignment with other sources to maximize impact (one-touch approach)
- Targets **replacement of lead service lines** to ensure safe drinking water
- Calls for **parent engagement** as active partners and **coordination** of lead poisoning prevention efforts with other programs supporting parents and caregivers

OHIO LEAD FREE KIDS COALITION

9-Point Lead Action Plan

(8 Target Primary Prevention Strategies)

1. Help Homeowners & Landlords Eliminate Lead Hazards
2. Make Rental Housing Lead-Safe
3. Protect Children from Lead During Renovation & Demolition
4. Disclose Lead Hazards & Engage Ohioans
5. Empower Schools & Early Learning Programs to Keep Children Lead Safe
6. Remove Lead from Drinking Water
7. Build a Strong Lead Workforce
8. Research New Ways to Protect Children from Lead
9. Improve Supports for Children Exposed to Lead

OHIO LEAD FREE KIDS COALITION

Eradicating Health Inequities and Systemic Racism: Recommendations on next steps

Odesa Stapleton, Chief Diversity and Inclusion Officer

BON SECOURS MERCY HEALTH

Diversity & Inclusion

Eradicating Health Inequities and Systemic Racism: Recommendations on next steps

1. Develop *Councils for Racial Justice and Accountability* in all counties for anchor organizations (healthcare systems, healthcare payers, educational institutions, government agencies, and business chambers) to:
    1. Work with local community members to define and target systemic racism in practice and policy.
    2. Guide local leaders on pertinent and immediate changes.
    3. Provide strategic oversight, accountability measures and programmatic support.
    4. Create long term commitments to address social determinants of health (SDOH)
2. Encourage healthcare systems to commit to Healthcare Anchor Network to accelerate economic inclusive strategies which will help to advance state's commitment to:
    a) Inclusive Local Hiring
    b) Inclusive Local Purchasing
    c) Place Based Investment
3. Promote and encourage the utilization of on-going training (Examples: bias, anti-racism, cultural awareness) across all health systems and care centers in the state of Ohio.
4. Ensure all underserved communities have direct access to PPE, technology (Virtual Health) and COVID-19 testing.
5. Establish accountability and performance metrics to track and validate interventions

coronavirus
URBAN REPORT

Presented by Betty J. Halliburton/Executive Producer
Coronavirus Urban Report
powerfulproductions@gmail.com

PROJECT SUMMARY

Social media news and public health information campaign to address COVID-19 disparities in African Americans

Consortium of grassroots community groups, residents, media professionals, and medical/academic experts

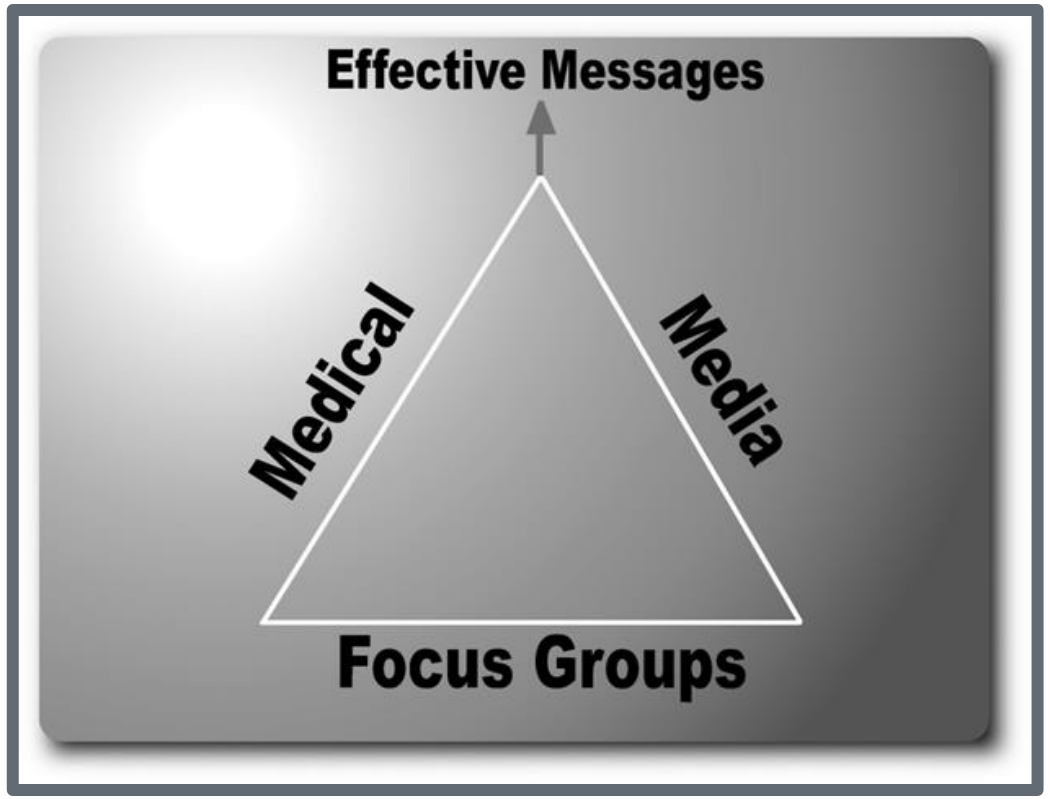
Ground-up approach to create culturally-appropriate content from the community's perspective.

PARTNERSHIPS

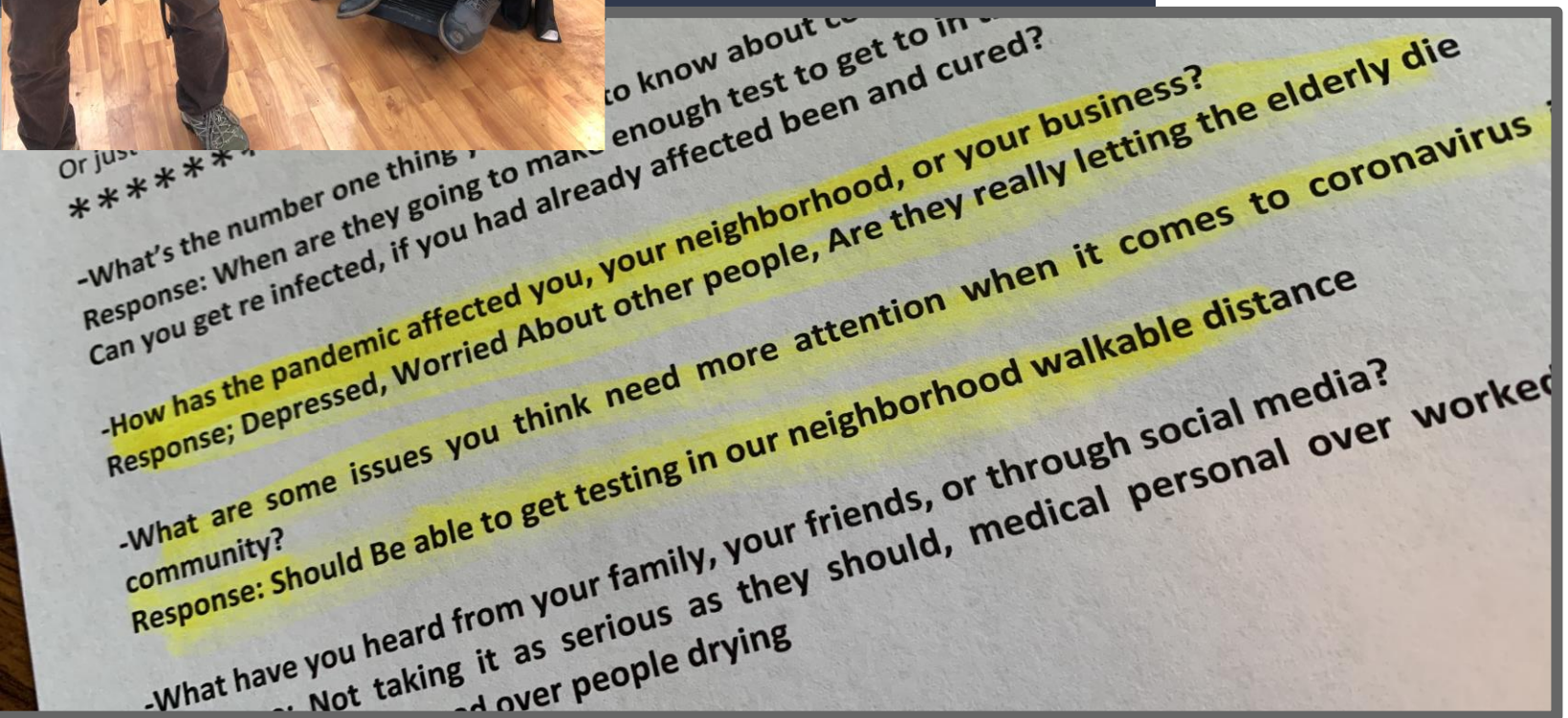
- **The Urban Barber Association (TUBA)**
- **Multi-Cultural Enterprise Project in Mt. Pleasant organized by CCOAL (Concerned Citizens Organized Against Lead)**
- **Residents in CMHA public housing estates**
- **University Hospitals Cleveland Medical Center**
- **Race & Social Policy Research Center at Virginia Tech**

GRASSROOTS APPROACH
developed & tested
with series of NIH-funded grants

TRIAD OF EXPERTISE
Model for
Health Communication



VIRTUAL FOCUS GROUPS



31 African American Participants

- 27 community interviews via social media & telephone discussions
- Small group discussion

Focus Group Input to Inform Content

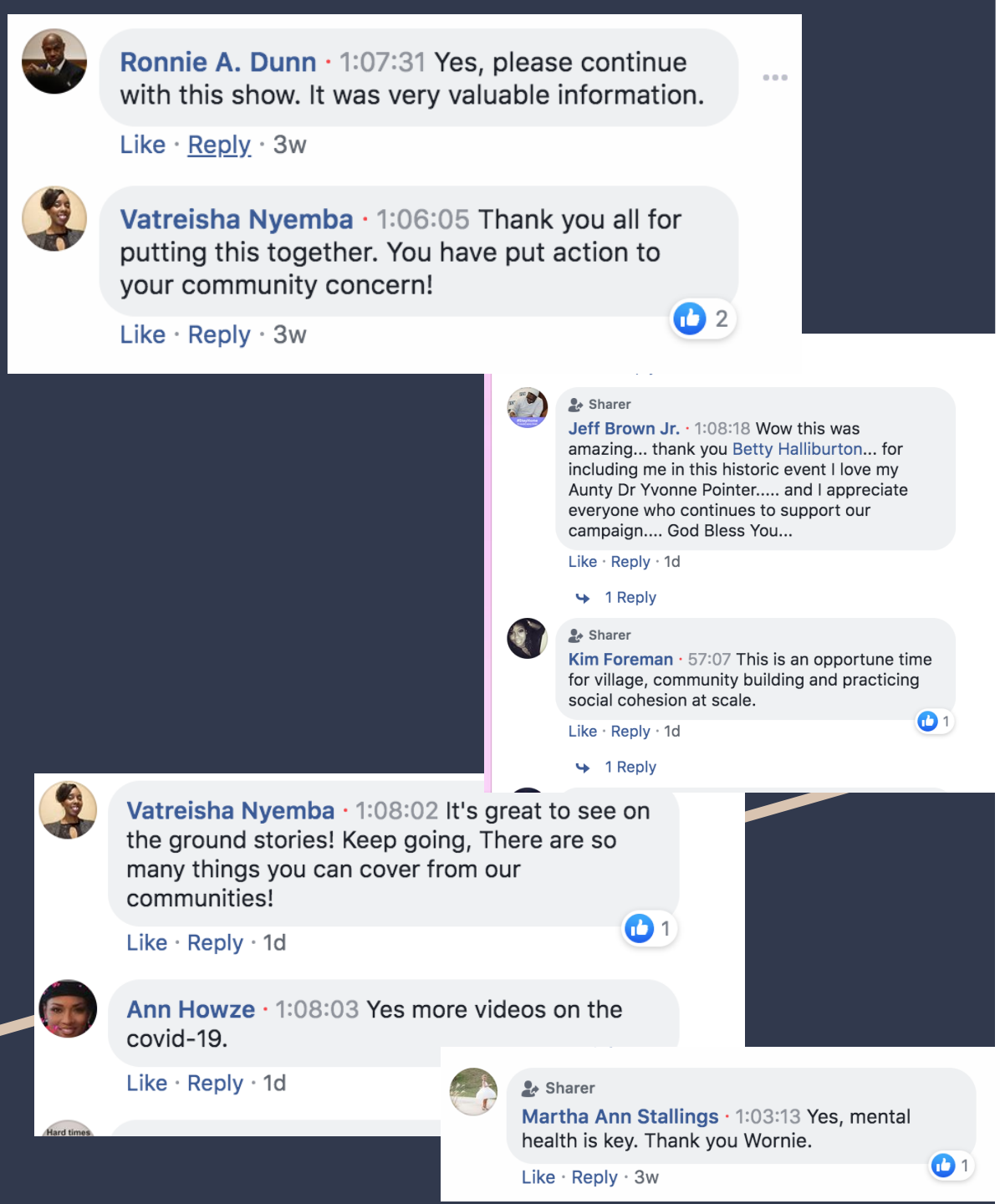
GENERAL THEMES

- Basic medical information
- Mental health concerns
- Young people not taking it seriously
- Structural racism as root cause of disparities
- Need to take care of one another & design community-initiated solutions

EPISODE 1
Facebook Live
Community Conversation

Harnessing the
Wisdom from Within
a community
to propel constructive
dialogue about racism
and health equity
in ways that provide
hope, empowerment,
and culturally-appropriate
solutions.

coronavirus
URBAN REPORT



BUILDING ON SUCCESS

PHASE II

- Secure funding for 6-month project
- Conduct virtual focus groups via barber & beauty shops, nail salons, small group discussions, and community interviews
- Engage young adults via TikTok & Instagram plus video production mentoring program
- Post 2-3 videos/reports on social media per week and create 3 more Live Stream events
- Consider using this approach to complement the Us4Us Campaign and other Minority Health Strike Force initiatives

Thoughts & Suggestions on Equitable Health in Ohio

William J. Hicks II, MD

Vascular Neurologist, OhioHealth Neurological Physicians

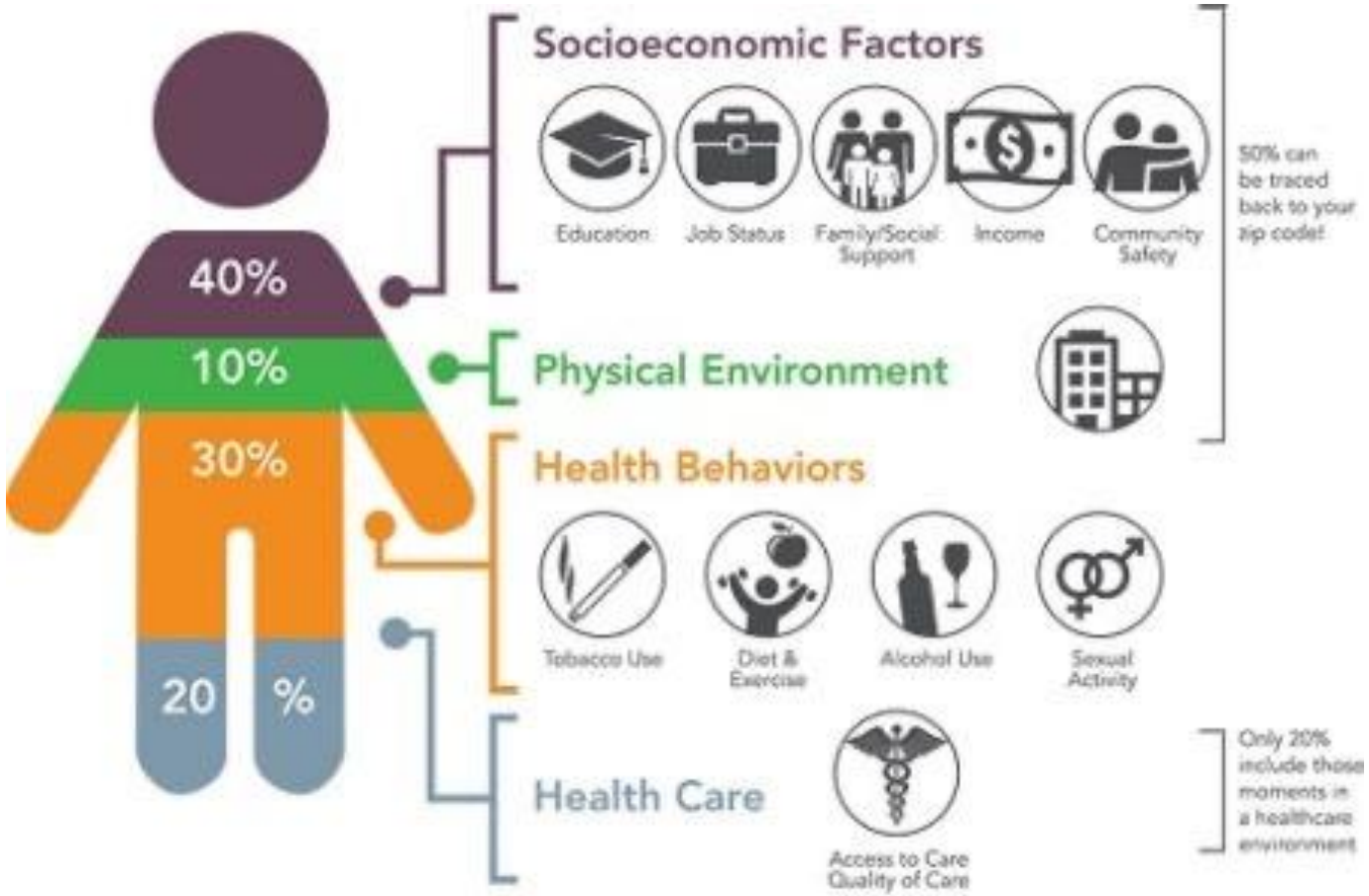
Co-Director, Comprehensive Stroke Program

Physician Lead, Columbus Mobile Stroke Treatment Unit

OhioHealth Riverside Methodist Hospital

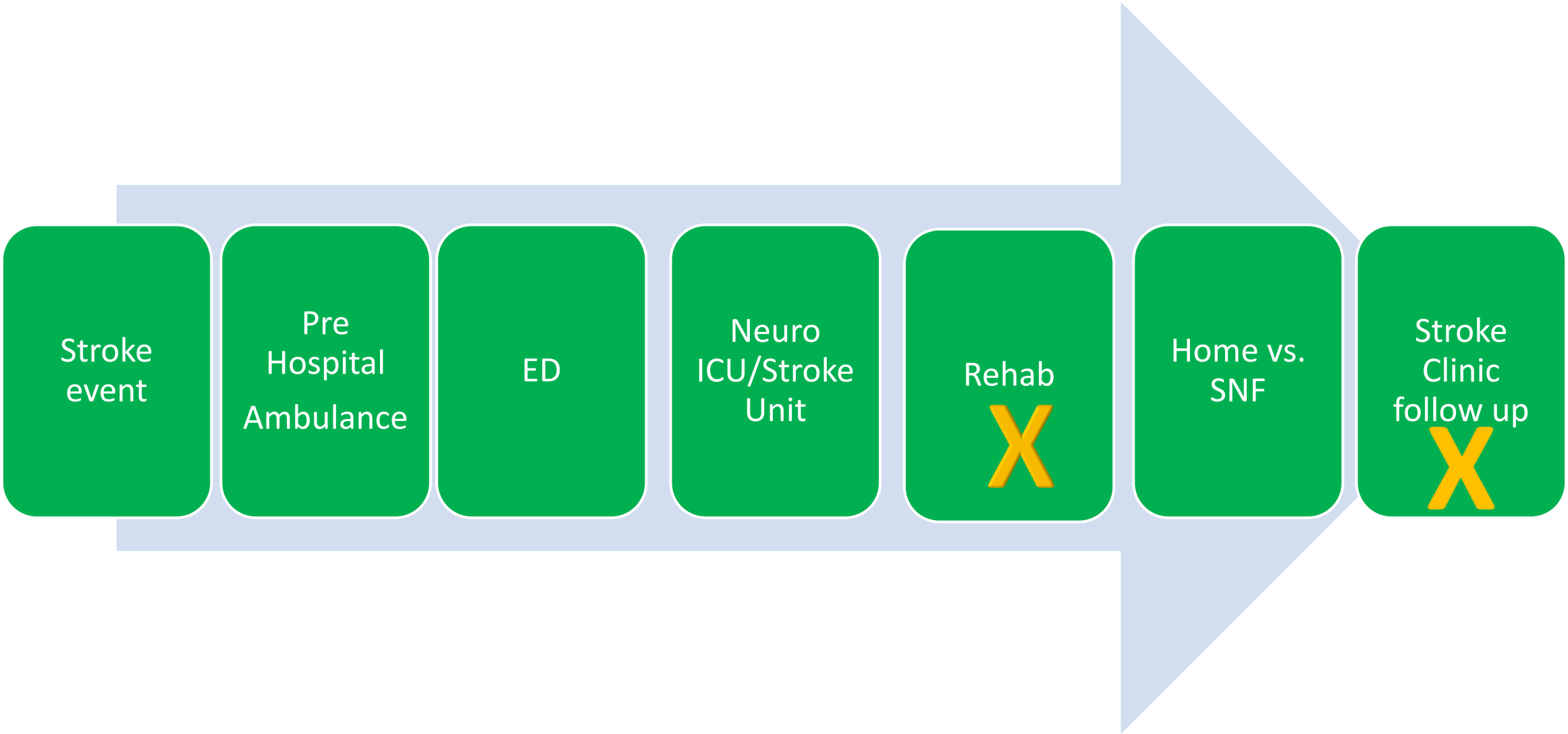
Board President, Central Ohio American Heart Association/American Stroke Association


My six words are...
•American health inequity was by design.
The New Jim Crow
CAPITAL
MALCOLM X



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Stroke Cadence



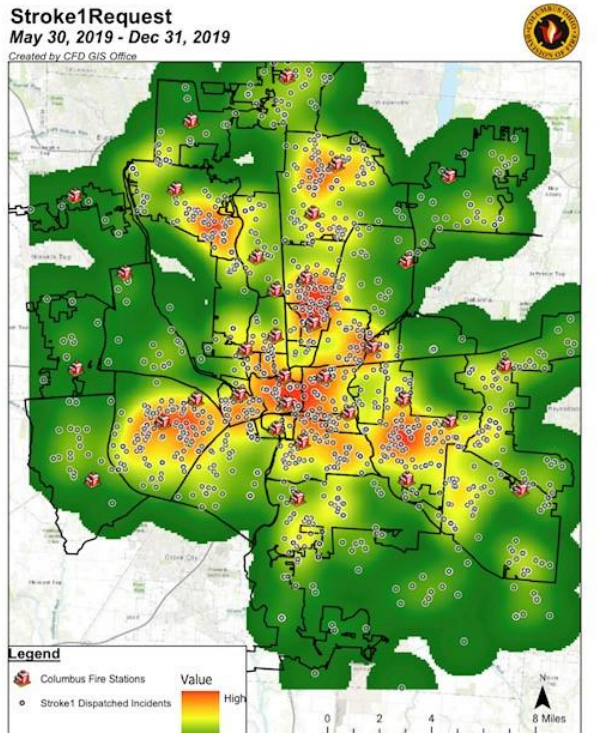
(A few) Roadblocks to meaningful change

1. Minimal financial incentive for ***primary prevention*** using the standard health care/acute care model.
    - *Amplified in areas where health care coverage is nonexistent or suboptimal*
2. ***Suboptimal reimbursement*** in comparison to acute care
3. The perks to primary care physicians to work in federally determined underserved areas skew rural (not urban) due to ones proximity to acute care hospitals
4. Lack of AA/URM physicians
    - ***Lack of initiatives intent on keeping these med students in Ohio (8 med schools).***

How do we get here?

Location, location, LOCATION

- “Plant health care flags” directly in and around the known locations where health disparities exist.
- These areas are well known and identified in every city with heavy AA populations within the state.
  - *We intentionally placed the MTSU within this zone.*



LULAC–League of United Latin American Citizens

With approximately 132,000 members throughout the United States and Puerto Rico, LULAC is the largest and oldest Hispanic organization in the United States.
LULAC advances the economic condition, educational attainment, political influence, housing, health and civil rights of Hispanic Americans through scholarships and community-based programs operating at more than 1,000 LULAC councils nationwide. The organization involves and serves all Hispanic nationality groups.

Elba Alicia Pagán
LULAC Ohio ,State Director
LULAC-Dayton Pres., #39000
apagan@lulac.org
LULACOhio.com

Celebrating 91 years of service
para la Comunidad Hispana/Latina
"All for One and One for All"
~~ LULAC motto

LULAC OHIO

The largest and oldest Hispanic civil rights organization in the United States

Councils in Cincinnati, Dayton , Columbus and Cleveland

Local, State and National Opportunities and Resources for the Hispanic/Latino Community in Ohio at:

LULACohio.com

Elba Alicia Pagan
LULAC Ohio ,State Director
LULAC-Dayton Pres., #39000
apagan@lulac.org

Based on Community mtgs. surveys and Community first person narratives:

1 | DATA

- **Multi Language COVID** Safety in Text and Visual
- Transparency-Explain reporting Rights -Trust
- **Trauma Training** for **ALL levels** of Staffing Culturally Responsive and Anti Racism/Bias training De Escalation
- **Anti -immigrant Policies:**

A | Outreach

- **Community Locations:**
- Schools, Churches, Mosques and synagogues
- Community Markets,
- Restaurants, Employee break rooms
- Libraries, Post Office
- Medical facilities
- Training for Community Orgs.

B | Resources

All COVID Recovery and Preparedness should include All vulnerable sectors of Community: **undocumented , immigrants, Essential Workers and incarcerated populations at all levels** **Policies** to ensure Safety in reporting concerns or violations in the workplace

LULAC: The largest and oldest Hispanic civil rights organization in the United States

Based on Community mtgs. surveys and Community first person narratives:

2 Education

- **Multi Language COVID** Safety in Text and Visual formats
- **Trauma Training** for **ALL levels** of staff and personnel in: Culturally Responsive and Anti Racism/Bias training De Escalation
- **Anti -immigrant Policies:**

3 Health Care

- **Multi Language COVID** Safety in Text and Visual formats
- **Trauma Training** for **ALL levels** of Staff and personnel in: Culturally Responsive and Anti Racism/Bias training De Escalation
- **Anti -immigrant Policies:**

Outreach and Resources

All COVID Recovery and Preparedness should include All vulnerable sectors of Community: **undocumented , immigrants, Essential Workers and incarcerated populations at all levels Policies** to ensure Safety in reporting concerns or violations in the workplace

LULAC: The largest and oldest Hispanic civil rights organization in the United States

It takes the whole Community:

1. **Data Collection:**
   Policies to educate and protect confidentiality with accountability
   Data Collection made accessible in multi-language formats: print, digital , visual

2. **Education: Comprehensive Outreach**
   All levels of Education training: Community based thru Higher Ed cradle to the grave COVID Safety and anti-racism/anti-bias training to ensure participation and trust of accurate data collection and community tracking and tracing.

3. **Health Care:** Ensure access for PPE and Testing for ALL levels of Essential Workers. Eliminate the barriers to current COVID Safety Practices for All including the incarceral populations.

LULAC National Virtual Town Hall:
June 25, 3:00-4:00pm

LULAC National Virtual Town Hall: A Spotlight on Ohio

Fighting COVID-19 & Racism in 2020+

Purpose of LULAC National Town Hall:

Ohio has been leading the nation in COVID Response and Reopen. We appreciate the strong leadership of Governor Dewine and Dr. Amy Acton. LULAC's goal is to support Ohio's COVID Recovery efforts to educate and help ensure the "Community" includes all sectors of "Community" and that Community is engaged in COVID recovery and COVID preparedness, especially, those particularly vulnerable to COVID19. Together we make Ohio COVID Safe for All.

Registration info at LULACOhio.com on Wed. June 17

Elba Alicia Pagan apagan@lulac.org

Identifying where & how to intervene to reduce COVID-19 disparities across Ohio's diverse communities:

a community-based structural approach

Presentation Contributors from the OSU/ODH Ohio Team, ODH Department of Health Equity

Dr. Andrew Miller, PhD (OSU Kirwan Institute)

Dr. Kierra Barnett, PhD (OSU Kirwan Institute)

Dr. Julianna Nemeth, PhD (OSU College of Public Health)

Dr. Jason Reece, PhD (OSU Knowlton School of Architecture, OSU Kirwan Institute)

• Characteristics of Vulnerable Populations

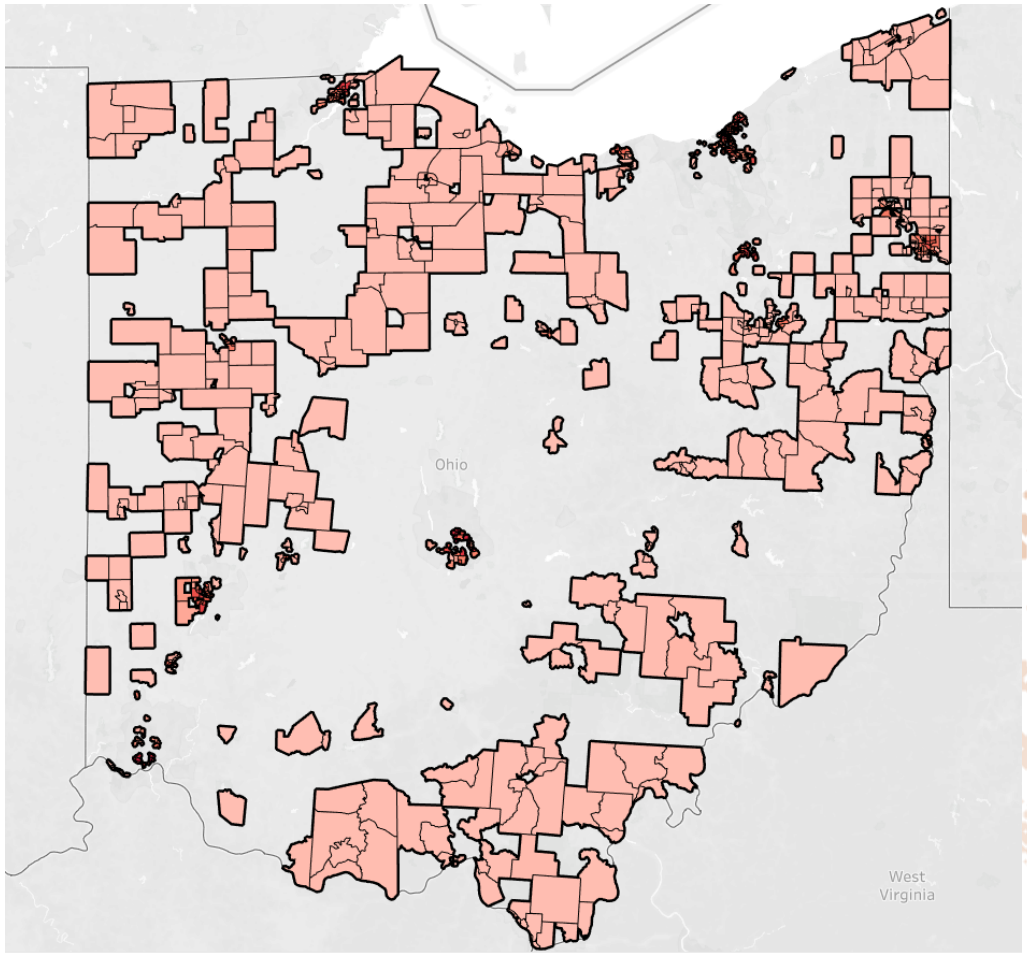
The Ohio Team used census level data from Claritas on employment, PolicyMap's data on underlying COVID-19 conditions and the CDC Social Vulnerability Index to identify 702 neighborhoods high concentrations of vulnerable populations representing over 2 million Ohioans.

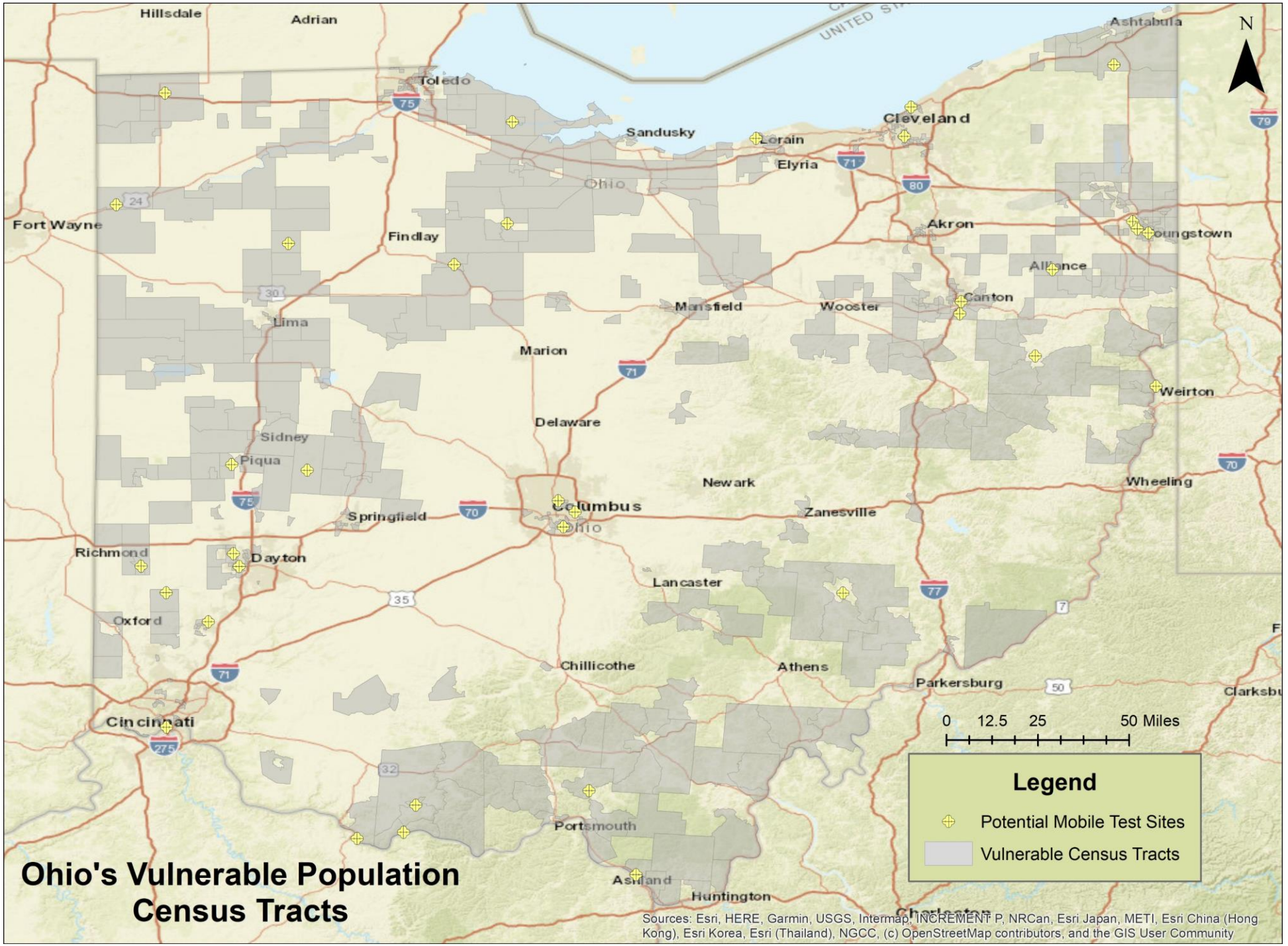
Characteristics of Vulnerability

Within this context, vulnerability is defined as census tracts with:

- high prevalence of COVID-19 underlying conditions.
- high concentrations of low-wage essential workers (150% federal poverty level)
- households who will have difficulty social distancing.
- Households without capacity to weather long-term social and economic upheaval.
- Households without necessary resources located in proximity (e.g. hospitals, grocery stores, transportation).

Ohio Census Tracts with Populations Most Vulnerable for COVID-19





The Ohio Team (ODH/OSU) of the ODH Department of Health Equity identified 702 census tracts that met the definition of vulnerable.

<u>290 rural</u> census tracts

- Pop: 1,221,273

<u>198 urban</u> census tracts

- Pop: 426,966

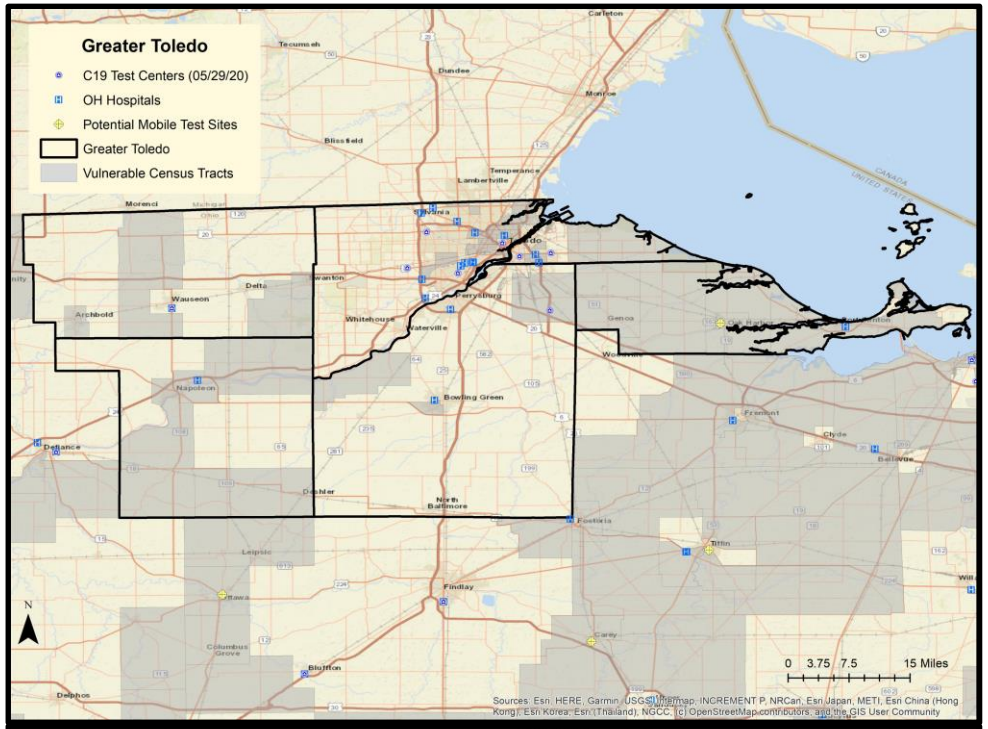
<u>161 suburban</u> (or low density urban) census tracts

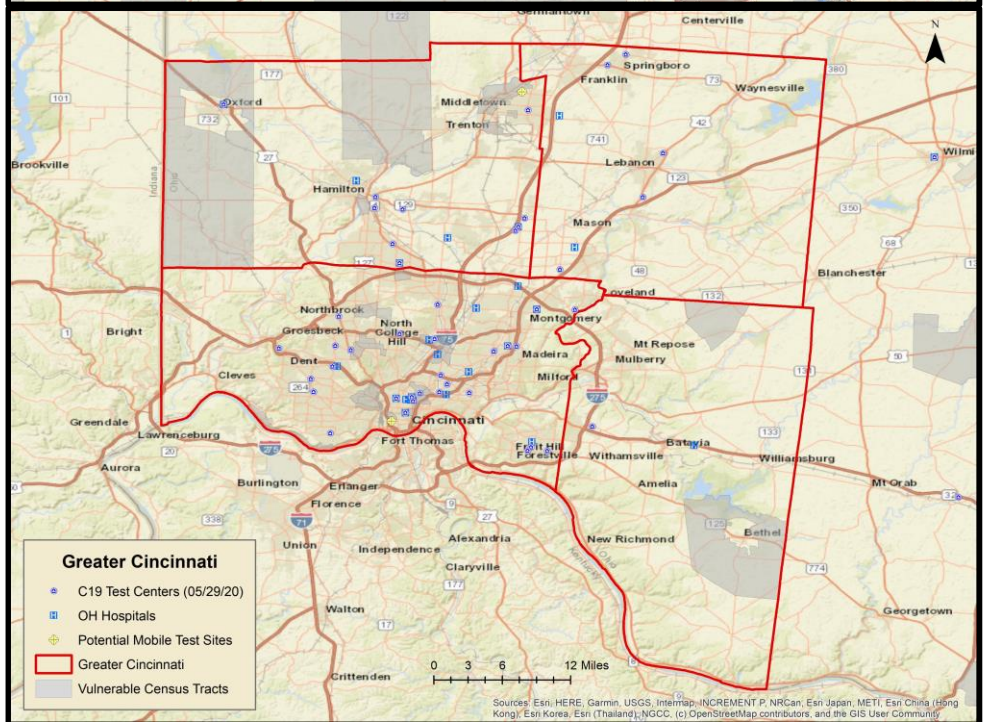
- Pop: 524,624

<u>53 small town</u> census tracts

- Pop: 186,935

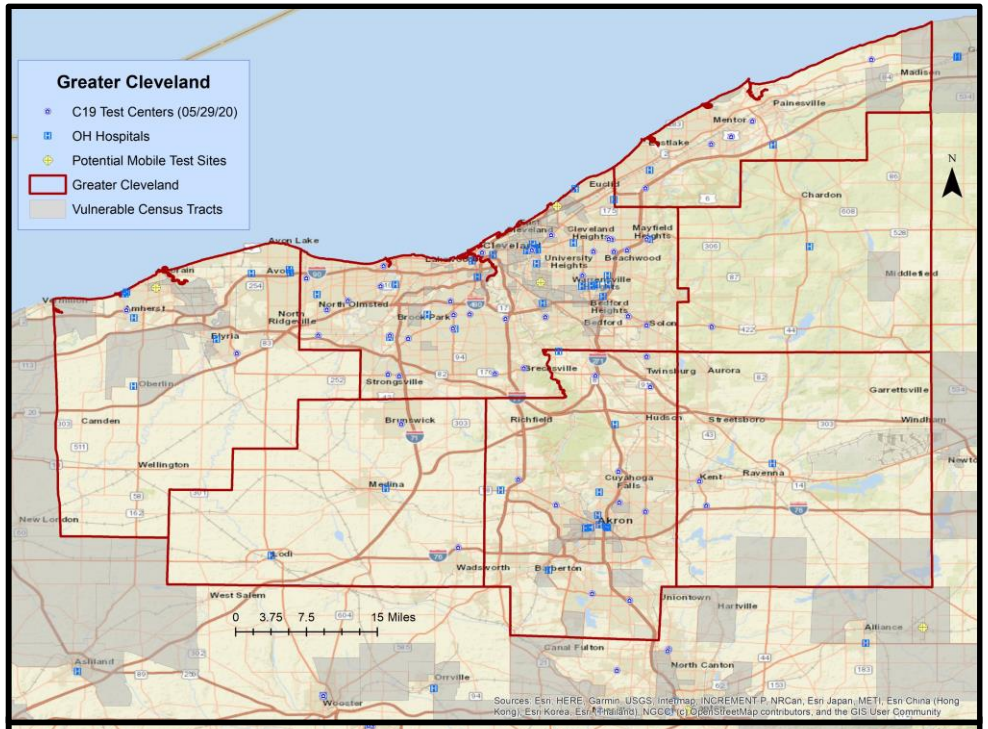
Total Population: 2,359,798

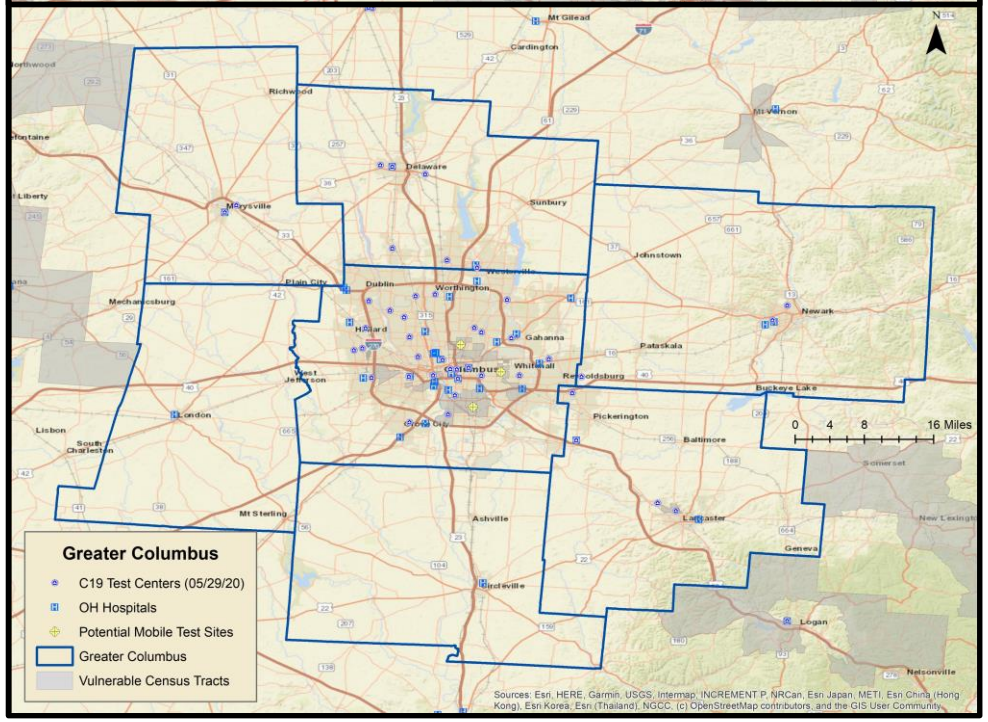




Distribution of vulnerable census tracts across the State of Ohio occur in disinvested communities and/or regions where population density cannot support established amenities.

One thing in common:
Poverty





- ***Based on Health360 predictive modeling, what segments of vulnerable populations are more likely to be hospitalized and require critical care because of underlying conditions?***

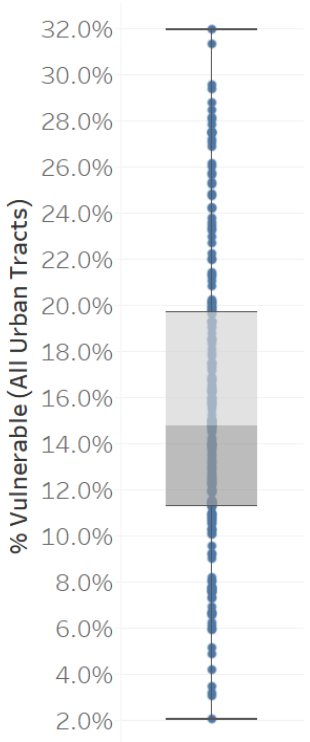
Findings:

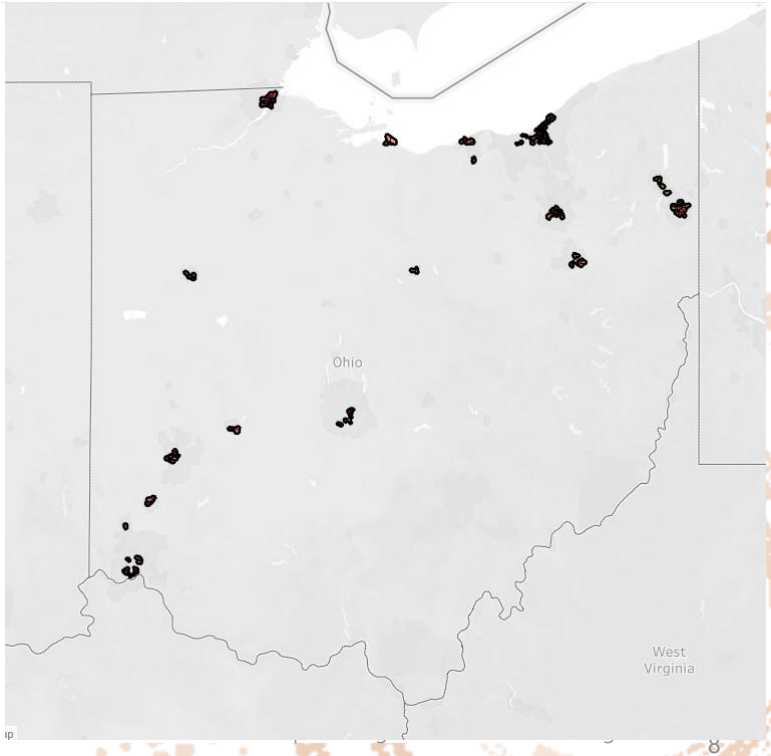
- Of the 198 census tracts in urban counties, more than half have at least 14.8% of individuals that are vulnerable.
- Franklin County's 3 highest density census tracts have at least 2,099 vulnerable individuals living there.
- Hamilton County's 3 highest density census tracts have at least 1,572 vulnerable individuals living there.

Census Tract	County	% Vulnerable	Vulnerable Individuals
29	Franklin	31.9%	752
86.01	Hamilton	31.3%	642
1116	Cuyahoga	29.5%	279
2	Hamilton	29.3%	248
9.20	Franklin	28.7%	604
270	Hamilton	28.4%	682
17	Lucas	28.1%	364
7.20	Franklin	28.0%	743
30	Lucas	27.8%	480
1172.01	Cuyahoga	27.5%	795

Characteristics of COVID-19 Vulnerability

- **High prevalence of COVID-19 underlying conditions.**
- **High CDC Social Vulnerability Index scores**
- **High concentrations of low-wage essential workers (150% federal poverty level)**
- **Households who will have difficulty social distancing.**





- ***Based on Health360 predictive modeling, what segments of vulnerable populations are more likely to be hospitalized and require critical care because of underlying conditions?***

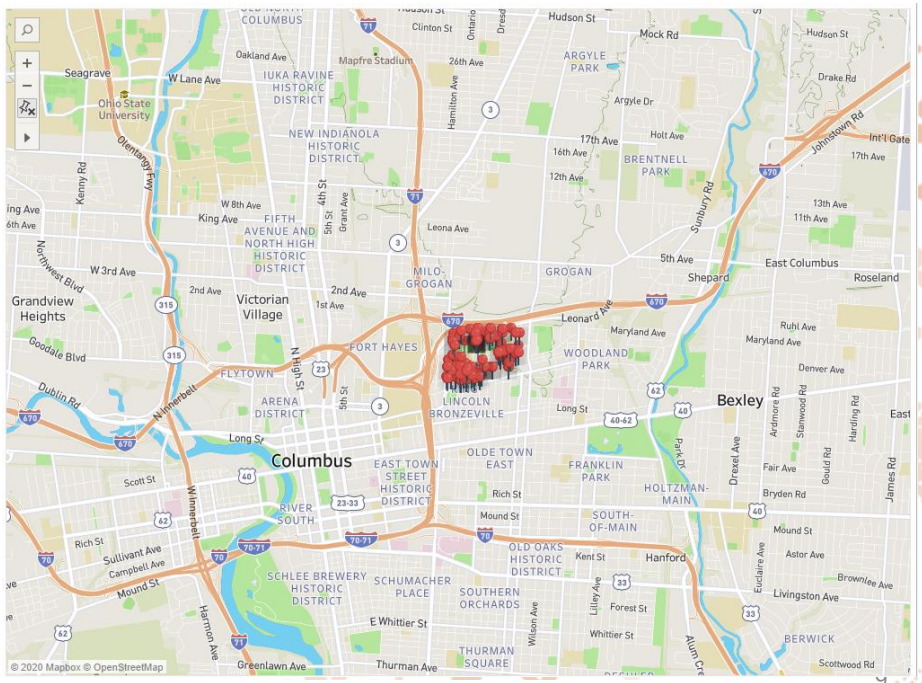
Findings:

- The vulnerable population of census tract 29 are in a single cluster in the Mount Vernon and Lincoln Bronzeville neighborhoods of Northeast Columbus.
- Compared to other urban counties, the population of tract 29 is predominantly a minority population living in poverty and extremely vulnerable as a result of much higher home crowding and lack of access to a vehicle.

Measure	Tract 29	Urban Counties	State
% Above 65 Years Old	8.5	14.9	18.3
% Homes with Crowding	5.5	1.8	1.5
% Minority	94.3	70.1	19.8
% Living in Poverty	68.6	38.1	19.8
% Uninsured	8.6	9.5	7.6
% No Vehicle	52.9	25.4	10.2

Characteristics of COVID-19 Vulnerability

- high prevalence of COVID-19 underlying conditions.
- high concentrations of low-wage essential workers (150% federal poverty level)
- households who will have difficulty social distancing.
- Households without capacity to weather long-term social and economic upheaval.
- Households without necessary resources located in close proximity (e.g. hospitals, grocery stores, transportation).



- ***Based on Health360 predictive modeling, what segments of vulnerable populations are more likely to be hospitalized and require critical care because of underlying conditions?***

Findings:

- Of the 290 census tracts in rural counties, a cluster of communities in the southern central region of Ohio including Adams, Jackson, and Pike county have a high concentration of vulnerable individuals.
- Adams county has a particularly high risk profile with at least 895 vulnerable individuals concentrated in census tracts 7706 and 7704.

Census Tract	County	% Vulnerable	Vulnerable Individuals
7706	**Adams**	**14.4%**	**415**
9753	Crawford	13.7%	379
6	Hardin	12.8%	455
7704	**Adams**	**12.2%**	**480**
44	Logan	12.1%	534
39	Scioto	12.0%	343
9644	Meigs	12.0%	341
9614	Coshocton	11.5%	332
9572	**Jackson**	**11.3%**	**512**
9523	**Pike**	**11.1%**	**532**

Characteristics of COVID-19 Vulnerability

- high prevalence of COVID-19 underlying conditions.
- high concentrations of low-wage essential workers (150% federal poverty level)
- households who will have difficulty social distancing.
- Households without capacity to weather long-term social and economic upheaval.
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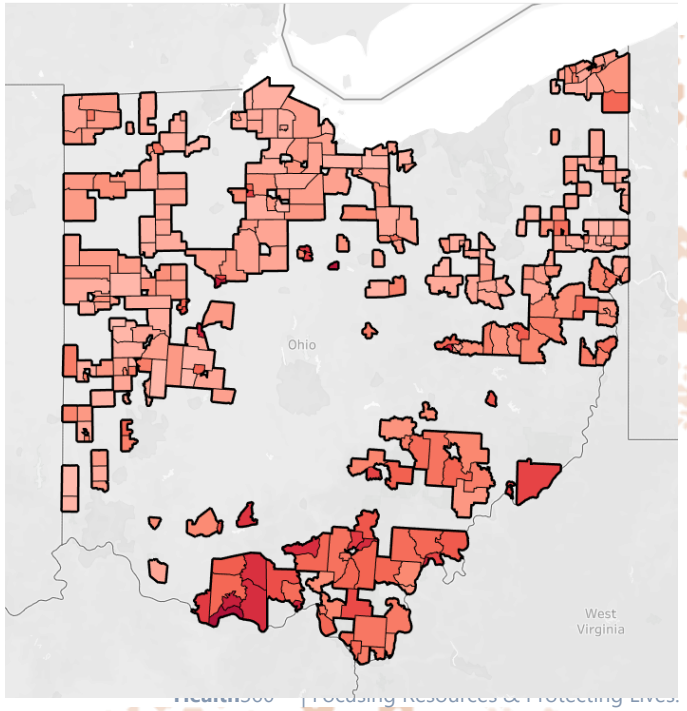

- ***Based on Health360 predictive modeling, what segments of vulnerable populations are more likely to be hospitalized and require critical care because of underlying conditions?***

Findings:

- The vulnerable population of census tract 7706 are concentrated in a single cluster around the town of Manchester.
- Compared to other rural counties and the State of Ohio the population of census tract 7706 is slightly younger, but are more likely to be uninsured, living in poverty, and without access to a motor vehicle.

Measure	Tract 7706	Rural Counties	State
% Above 65 Years Old	15.1	18.7	18.3
% Homes with Crowding	0.0	1.5	1.5
% Minority	3.7	5.1	19.8
% Living in Poverty	30.3	15.1	19.8
% Uninsured	10.5	7.4	7.6
% No Vehicle	22.1	6.3	10.2

Characteristics of COVID-19 Vulnerability

- high prevalence of COVID-19 underlying conditions.
- high concentrations of low-wage essential workers (150% federal poverty level)
- households who will have difficulty social distancing.
- Households without capacity to weather long-term social and economic upheaval.
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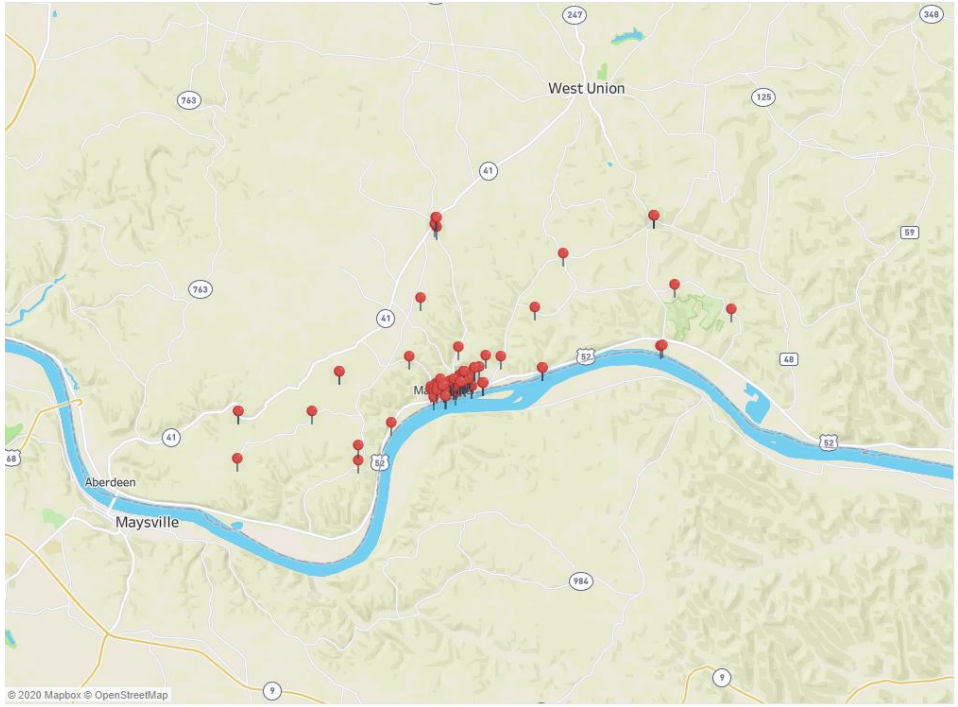
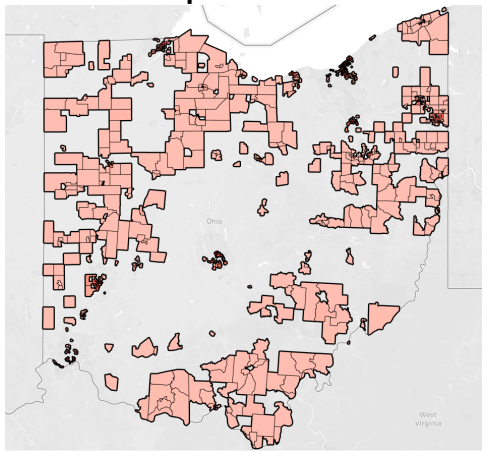


Process for how the OSU/ODH Ohio Team of the ODH Department of Health Equity have worked with Deloitte Team to identify where and how to intervene in community settings to reduce the disparate burden of COVID-19.

Ohio Census Tracts with Populations Most Vulnerable to COVID-19 Disparities



Generated by The Ohio Team (ODH/OSU) of the ODH Department of Health Equity

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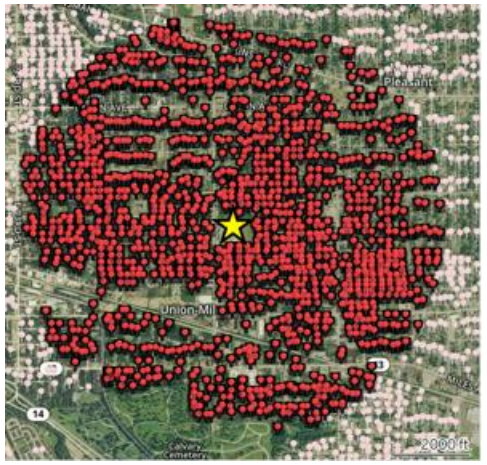
Cluster of vulnerable households within Vulnerable Census Tract & Identification of Mobile Testing Site



Generated by The Deloitte Team
Source: Health360, findcovidtesting.com, Bing Maps

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Where

Household Selection: Demographics for identified community within census track

Generated by The Deloitte Team using Health 360 Data

- Total Vulnerable: **4,929**
- White: **150**
- Black/African American: **4,699**
- Hispanic/Latino: **37**
- Asian: **31**
- Pacific Islander: **1**
- Native American: **1**
- House, 4+ people, <1,200 sq. ft.: **296**
- No English: **60**
- No Vehicle: **2,652**

+

Ohio Populations COVID-19 Needs Assessment

(n=365 Stakeholders) Conducted by The Ohio Team (ODH/OSU) of the ODH Department of Health Equity

Culturally specific guidance from 6 at-risk communities:

- **African American/Black**
- **Asian American**
- **Hispanic/Latino/Spanish Speaking**
- **Immigrant and Refugee**
- **Residents living with Disabilities**
- **Residents living in rural and health professional shortage areas**

=

With Whom & How

Mobile Units Deployed to Neighborhoods most at risk for the disparate burden of COVID-19 should include:

Facilitation of access to CDC recommended practices to reduce COVID-19 disease spread

- Testing
- Community-based referrals to locations to isolate or self-quarantine
- PPE distribution (medical grade masks & gloves)
- Health and Wellness Kits (thermometers, fever-reducing medication, cloth masks, hand sanitizer, sanitation cleaning products)
- Immunizations (including flu & ultimately COVID-19)

Facilitation of access to services to support social conditions determining health

- Connection to primary care, mental health care & drug treatment
- Enrollment in Ohio Assistance Programs:
  - Medicaid, Cash Assistance, Food Assistance, Childcare Assistance, Comprehensive Case Management & Employment Services, HEAP, Summer Food Programs, Housing Assistance
- Resources & Referral (211)

It is unethical to screen for disease if you know the patient does not have the ability to access the treatment. Therefore, when bringing COVID-19 screening to Ohio's most at-risk communities, testing needs to be accompanied by distribution of supplies necessary for people who test positive to have access to needed resources to further prevent disease spread, and to support the social conditions for health.

WHO ARE THE KEY PARTNERS?

To ensure people will come, trusted community partners should coordinate and provide services.

- Local Public Health Department
- Trusted community partners (identified through Ohio Populations COVID-19 Needs Assessment, n=363 stakeholders)
  - Culturally-specific organizations
  - Organizations community turns to for support and resources
  - Community Health Centers
  - Pharmacists
- Local domestic violence organization

Ultimately, structural solutions are necessary to eliminate disparities in these communities.

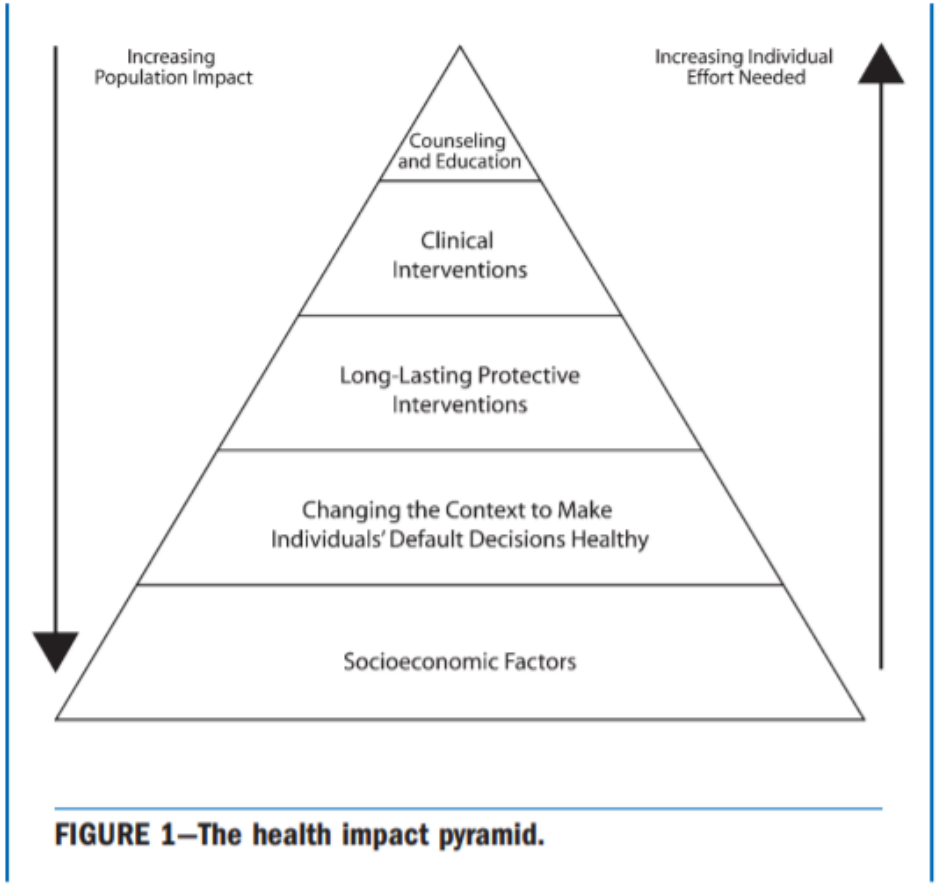


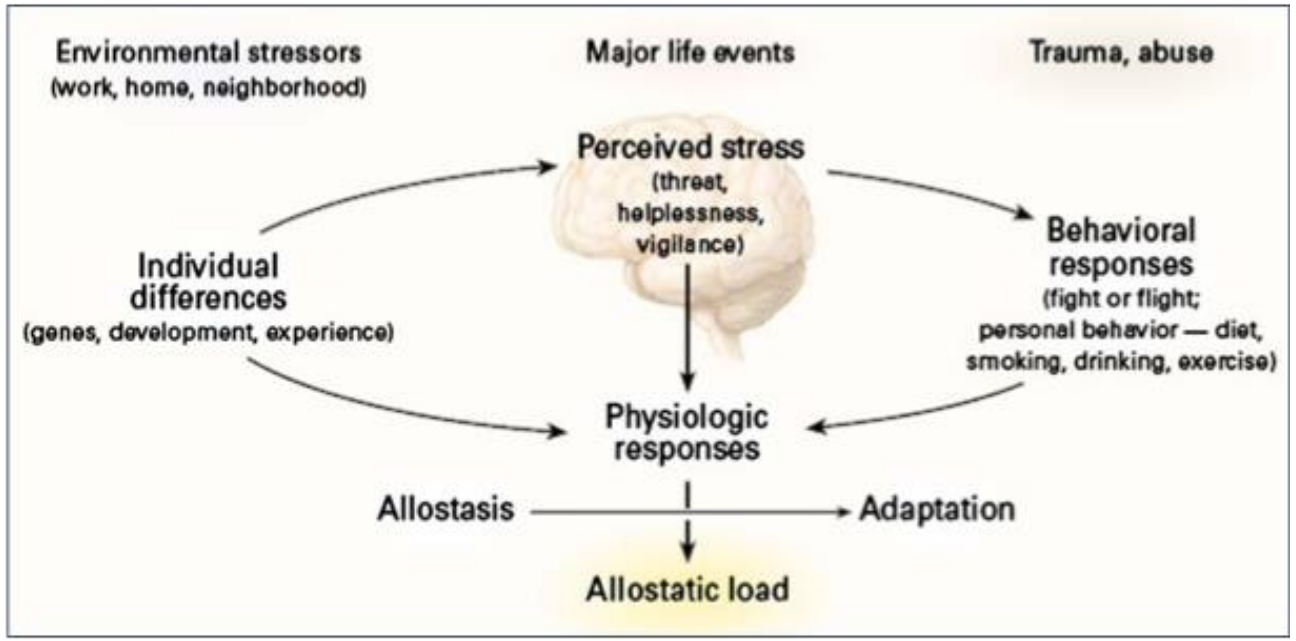
FIGURE 1—The health impact pyramid.

Frieden TR. A framework for public health action: The health impact pyramid. Am J Pub Health. 2010;100:590-595.

Frieden presents the following socioeconomic factors to prevent communicable disease:

- reduced poverty to improve immunity
- decreased crowding and environmental exposure to communicable microbes
- improved nutrition, sanitation, and housing

The stress of living in these communities that have low access to resources can also negatively impact health outcomes.



- Allostasis is the response process through which the autonomic nervous system and the cardiovascular, metabolic, and immune systems protect the body from internal and external stress.
- Allostatic load is the cumulative wear and tear to these biological systems when exposed to repeated or chronic stress.
- Research as shown that increases in Allostatic load is associated with a variety of health outcomes including cardiovascular disease, diabetes and depression.
- Furthermore, high levels of stress hormones can suppress a person's immune system, leaving them more vulnerable to both infectious and chronic diseases.

Mcewen, Bruce. (1998). Protective and damaging effects of stress mediators. N Engl J Med. 338: 171-9.

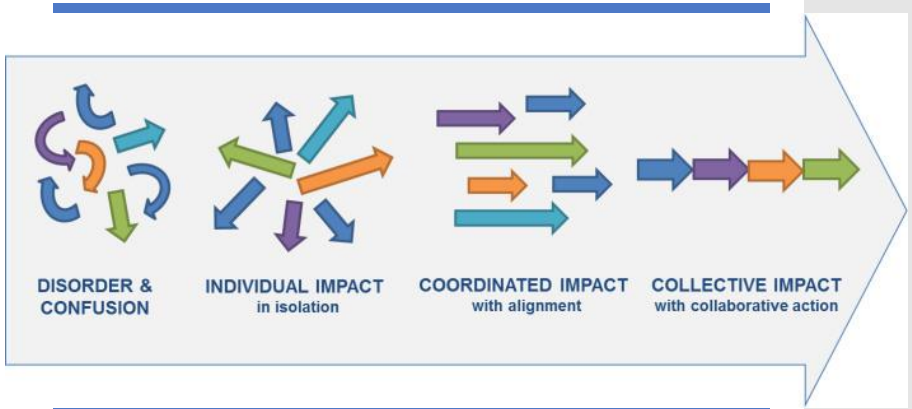
Supporting Health Equity by Transforming Structural Conditions within Neighborhoods

- *"…sustainable neighborhood improvement requires long-term, simultaneous investment in all the issues-schools, housing, health, jobs, economic development, safety, community cohesion, and more-that must improve together in a reinforcing virtuous circle"* (Fiske, 2007).

FIGURE 1. FRAMEWORK FOR NEIGHBORHOODS THAT SUPPORT HEALTH AND FINANCIAL WELLBEING

Figure 1 Source: Fostering Healthy Neighborhoods: Alignment across the Community Development, Financial Well-Being and Health sectors. Building Health Places Network at:
https://www.buildhealthyplaces.org/whats-new/fostering-healthy-neighborhoods-alignment-across-the-community-development-financial-well-being-and-health-sectors/

Where to start: Seeding change through collaboration among multiple stakeholders (collective impact)



- <u>Immediate Interventions</u>
  - Centering community voice and leadership in decision making and planning
  - Improving the built environment (blight removal & investments to promote healthy places)
  - Expanding access to quality care
  - Adoption of trauma informed practices among institutions serving community
  - Assuring service providers are culturally competent and ideally practicing cultural humility
  - Improving/targeting service delivery & programming
  - Stabilizing housing and securing safe affordable housing opportunities
  - Asset building for residents
  - Supporting social capital through community organizing, development of public space and leadership development
  - Providing access to fresh food
  - Public awareness & targeting educational programming
  - Transportation enhancements

Contributors

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COVID-19 MINORITY HEALTH STRIKE FORCE

Thank you!

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